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No. 117

House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Mr. KERNS).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
September 17, 2002.

I hereby appoint the Honorable BRIAN D. KERNS to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1777. An act to authorize assistance for individuals with disabilities in foreign countries, including victims of landmines and other victims of civil strife and warfare, and for other purposes.

MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to not to exceed 5 minutes.

The Chair recognizes the gentleman from Michigan (Mr. SMITH) for 5 minutes.

TARIFFS ON STEEL IMPORTS

Mr. SMITH of Michigan. Mr. Speaker, I am going to make some comments

on the tariff on steel imports. President Bush approved the new tariffs on steel imports, I think to help give the steel industry and our American steelworkers a chance to make changes so that they might compete in the long term. I suspect the President, who as a young man did physical work in the oil fields, wanted to give a chance to save some of the jobs of the people that do the hard physical work in the steel industry.

However, the high tariff restrictions on steel imports have turned out to be a mistake with a potential of losing more jobs than they save. The price of steel in the United States has risen since March by 30 to 50 percent. In addition to the large price increases, there has been a reduction in the amount of steel available. This has made it impossible for many steel-consuming industries to find sufficient supplies of steel. Domestic steel producers have in many cases reneged on long-term contracts now that the steel prices have leaped, with the result that the consuming industries have been forced to pay higher than agreed-on prices or have been forced into the volatile spot market for steel.

This has harmed American workers in a number of ways. First, some American producers lose out because they are now competing with foreign companies that have access to cheaper steel. Their products become relatively more expensive because the steel in them costs our American producers more.

Second, many American firms have had trouble securing supplies of steel sufficient in quantity to keep that factory operating. I have had layoffs in my district because plants have closed for lack of steel.

Third, it gives American firms a powerful incentive to move production out of the United States to foreign plants where steel is available at the lower world market price. This is so that they can compete, so that they can survive as a company.

There are 57 workers employed in steel-using companies for every one worker in the steel-making industry. Steel-using industries account for more than 13 percent of gross domestic product, while the steel industry accounts for about one half of 1 percent. Thus, the steel tariff has threatened many more jobs than it has protected.

The Bush administration has recognized some of the distress that the steel tariffs are causing. It has issued rulings that exclude 727 products from the tariff. And, of course, this has set off a frenzy of lobbying as some of the steel-using companies angle for exemptions. This causes distortions not only in the price of domestic and foreign producers but between competing domestic producers as well.

Finally, the steel tariff encourages retaliation from our trading partners. The European Commission is now threatening retaliatory tariffs of 100 percent on a 22-page list of goods ranging from rice to grapefruit to shoes, brassieres, nuts, bib overalls, billiard tables, ballpoint pens, et cetera. The Japanese are also drawing up their steel payback list. Steel-exporting Russia has already retaliated by fencing out U.S. chicken. Hopefully that is going to be resolved.

We can ask if the tariff has done that much for the steel industry. Over the past 30 years, the Federal Government has been implementing policies to keep the steel industry in business despite its inefficiencies. These policies include voluntary quotas, antidumping, countervailing duty measures. Some of the companies have moved up and are now competitive, but much of the industry, instead of resulting in a stronger manufacturing efficiency, these policies have allowed companies to continue with production methods and labor contracts that keep it perpetually at the risk of dissolution.

Standard and Poor, for example, did not seem optimistic with the President's decision and responded to the

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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tariffs by refusing to raise the industry's credit ratings.

The steel tariff has turned out to be a mistake that is harming many industries both in my State of Michigan and across the country. It is having the result of losing American jobs. We need to repeal this kind of tariff restriction to allow our steel-using companies to be competitive. We need to start reviewing the kind of overzealous regulations and overzealous taxation that we have put on our steel industry and we need to assist in research and technology to help allow them to be more competitive in an international market.

SPIRALING PRESCRIPTION DRUG COSTS

The SPEAKER pro tempore (Mr. KERNS). Pursuant to the order of the House of January 23, 2002, the gentleman from Ohio (Mr. BROWN) is recognized during morning hour debates for 5 minutes.

Mr. BROWN of Ohio. Mr. Speaker, I came to the floor today to talk about the high cost of prescription drugs, which I will, but I am moved to respond for a moment to my friend from Michigan. He should visit some of the Northeast Ohio steel mills that have run into incredible problems because of unfair foreign competition and what it has meant to jobs in communities like Loraine and Cleveland and Warren, Ohio, and other places because of dumped foreign, illegally dumped steel. And while some applauded the President's actions back several months ago, we certainly do not applaud the President selling out the steel industry after making sort of a head-fake in a political way that he is supporting the industry, and now has gone around the world promising other countries and reducing and in many cases revoking some of the tariffs that clearly have made the steel industry put in a more competitive position and in a more level playing field.

Mr. Speaker, industry experts predict that premiums for employer-sponsored health insurance will jump 13 to 24 percent next year, the third straight year of double-digit increases. What is driving the increased premiums? Mostly it is spiraling prescription drug costs.

In response to the public's outrage at astronomical drug prices, the brand name drug industry says, Not to worry, prescription drugs actually save money by reducing health care costs. If they were more reasonably priced, that would be the case. There is no doubt that prescription medicines can reduce disability, prevent illness, and help alleviate the need for other health care services. Unfortunately, drugs are priced so outrageously high that costs associated with their increased use far outstrip any offsetting savings that might accrue. They are priced so high that millions of seniors cannot afford them, and other Americans, too. Even a miracle cure is worthless if people cannot have access to it.

Skyrocketing drug prices are jeopardizing employer-sponsored health insurance, undercutting the financial security of seniors, and absorbing an enormous share of the Federal and State taxes devoted to health care.

Something has to give. The first step is the most obvious. Brand name drug industries exploiting loopholes in the law to block lower-priced generic drugs from even getting into the market, we can stop that. Generic drugs are identical to their brand name counterparts except for price. Generics are typically 70 to 80 percent less expensive than their brand name equivalent.

In some cases the price differential is even greater. The anti-anxiety drug Vasotec sells for \$180 per prescription. The generic costs \$55, a savings of \$125.

Consumers lose millions in potential savings when brand name companies block their competitors from entering the market. As a matter of fact, the Congressional Budget Office estimates consumers would save \$60 billion in the next 10 years if Congress would close the legal loopholes that drug companies use to scam the patent system.

Under current law, for instance, FDA suspends generic drug approvals for 2½ years the moment a brand name drug company sues for patent infringement. By attaching new and often unrelated patents to an existing drug right before its original patent expires, brand name companies have been able to repeatedly get a 30-month addition lengthening of their patent.

The drug industry ties up generic drug approvals in the courts by repeatedly challenging the methods the FDA uses to ensure that the generic and the brand product are equivalent. The CBO estimates that consumers will lose \$60 billion, as I said, due to these delaying tactics. That is how much consumers will save if Congress and the President do the right thing.

The Federal Trade Commission, the Patent and Trademark Office, and the President have acknowledged the need to address inappropriate delays in access to lower-priced generic products.

The other body passed by an overwhelming margin legislation to close the loopholes and deliver long overdue relief to American consumers. The House of Representatives should pass it, too.

There are three pieces of legislation, each of which would close the loopholes. They are not partisan. They are not radical. And, realistically, they are not a panacea. But any one of them, if passed by this Congress and signed by the President, will force the drug industry to clean up its act, will get generic competition into the marketplace, will save consumers tens of billions of dollars.

I urge Republican leadership, which has stood in the way of this because of their closeness to the drug industry, I urge Republican leadership to give Members the opportunity to debate and vote on one of these bills in time to get a product to the President's desk.

Members of both sides of the aisle recognize that it is time to do something about runaway prescription drug costs. Removing unjustifiable barriers to lower-priced medicines is a logical step. Given the havoc that runaway drug prices are wreaking on this Nation, on all people, but especially on America's seniors, it should be an imperative.

CELEBRATING THE 215th ANNIVERSARY OF THE CONSTITUTION

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the gentleman from Indiana (Mr. PENCE) is recognized during morning hour debates for 5 minutes.

Mr. PENCE. Mr. Speaker, it is Constitution Day in America, which may sound boring for some, their eyes may glaze over, but not for me in my house.

It was on this day, Mr. Speaker, 215 years ago that all 12 State delegations approved at the Constitutional Convention what was to become the Constitution of the United States. Think about that, 215 years ago. If we reckon a life is 75 years, Mr. Speaker, it was scarcely 3 lifetimes ago which this awesome document which begins with words that have now rung through generations, through history, to inspire not only the American people, to inspire the world, were crafted and adopted. Words that begin with "We the people of the United States, in order to form a more perfect union, establish justice, ensure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity, to ordain and establish this Constitution."

It would take until June 21 of 1788 that the Constitution would become effective, Mr. Speaker, when ratified by the ninth State, New Hampshire. And then in the Spring of 1789, the government would first convene in the first Congress in Federal Hall in New York City where the 107th Congress, of which I am privileged to be a part, gathered just 10 days ago, the second time only that we have met since those very first days.

□ 1245

Three short lifetimes ago, the Federal convention convened and created a document which John Marshall, the Chief Justice of the U.S. Supreme Court, appointed by our second President, John Adams, would describe thusly: "A Constitution intended to endure for ages to come, and consequently, to be adapted to the various crises of human affairs." There have been crises in those three lifetimes, Mr. Speaker.

Think of it. Seventy-five years to the day after this document was ratified, Americans would find themselves locked in the bloodiest battle in American history. September 17, 1862, outside Sharpsburg, Maryland, would be the battle of Antietam on this very

day; and there, as much as anything, they were fighting over this document. They were fighting over a vision of a Union that would be preserved.

Seventy-five years from that day it would be September 17, 1937, and war was gathering in Europe, a dictator unchecked expanding his borders, violating international convention, and 75 years would pass and those experiences resonate with our experiences today.

Three short lifetimes ago, our founders bequeathed to us a document that has been the inspiration of the world, written most assuredly, Mr. Speaker, by the hand of man, men with feet of clay, very human in every sense of the word, but as we embrace the realities of these 215 years and how this great Republic, this great representative democracy has inspired the world, we can be certain of this, that while it was written by the hand of men, they were most certainly guided by providence to offer this gift to their posterity and to the entire world.

So I thought it imperative today, Mr. Speaker, that we gather to remember the accomplishment of three short lifetimes ago, the Constitution of the United States of America, and may it be said as equally as it is today when four short lifetimes have passed that we will gather in this same place, that we will celebrate the liberties enshrined in the Constitution and in the Bill of Rights; and may it be our prayer in our lifetimes to pass along this great document and these great traditions as adequately and as ably as our forebears have passed it onto us on this Constitution Day, 2002.

PRESCRIPTION DRUGS

The SPEAKER pro tempore (Mr. KERNS). Pursuant to the order of the House of January 23, 2002, the gentleman from North Carolina (Mrs. CLAYTON) is recognized during morning hour debates for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, there is a consensus among Members of Congress, in fact, I think there is a consensus among the American people, as well as the President also says, that Medicare beneficiaries should indeed receive prescription assistance. The Congressional Budget Office has projected that the cost of providing prescription drugs to seniors will certainly be high, and it is unpredictable as to how high it will go; but they have said to how the estimate has been made in the last year, that by the year 2010 we will be 23 percent higher than what we predicted it to be, and already it is too high. Already seniors cannot afford that.

This increases the sense of reality that we cannot make long-term predictions nor can we make short-term predictions with accuracy. With that reality, what we know with the combined fact that more baby boomers are retiring among them, are retiring now, more than ever before, they are going to live longer and need more health

care; and yet their reliance on Medicaid does not give them any assurance for that.

We must ensure that our seniors have the peace and security that they need to have access to affordable prescription drugs for maintenance of a quality of life.

We must also work to make sure that they do not deplete their savings and what low income they have from their retirement and their Social Security in order to provide prescription drugs. My colleagues have heard that seniors now have to make the awful election, whether they feed themselves or pay the rent or buy prescriptions that they just really need for their health; and some of them are making the decision, which is harmful to their health, of dividing their daily dosage and spreading it so it can go further.

Our seniors deserve better than that. They are the people who have worked to make our country as robust as it is. They have served our Nation in a variety of ways, have served on the military to make sure we are secure. Certainly, it is not because we do not have the technology. It is because we have not found the political will to do this.

In my district, the First Congressional District, our population of seniors continues to increase. Consider this: from 1980 through the eighties and through the nineties, from the ages of 65 to 84 increased by 31 percent. From the 1990s to 2000, there was an additional increase of some 16 percent added to that 31 percent. So we are living longer, those from the ages of 65 to 84, and also, the mean income is approximately \$26,800 in my district. That does not allow a lot of flexibility of maintaining a quality of life and increasing the cost for prescription drugs and other health care.

In 1996, the average out-of-pocket costs for prescription drugs for seniors living below the poverty line was \$368 for an average cost then; but now in 2000 that same index would be 2,000, \$386 from 1996 to 2,000. My colleagues say, well, that is not a lot of money. That is a lot of money when the income has not gone up; and when a person retires their income is going down, not up, and the increase we give for a Social Security benefit certainly does not go into the cost of senior citizens. So we need far more money because seniors indeed are not able to have the income security to protect them. \$463 is the equivalent of a mortgage payment that seniors would have to pay. They can no longer afford that.

We need to find ways in which we can help provide for them, and many adults are now having to reach back and provide for their senior parents as they are also providing for their children because their income, the retirement and the Social Security, is not sufficient.

The very least that Congress could do is to work towards bringing a prescription drug benefit that would be part of our Medicare benefit. Most elderly receive their primary health assistance

through Medicare, and I would gather today if we were doing Medicare all over again we would make sure there would be a prescription drug provision. Yet Medicare does not provide any coverage for any senior's outpatient prescription drugs. We almost have to go to the hospital to be there and most seniors now have conditions that can be maintained by not doing it.

Mr. Speaker, we have an opportunity, in fact, we have an obligation, Mr. Speaker, to make sure we have a prescription drug program that works for our seniors and not put up these artificial programs that we say that the companies are going to give some rebate. They need something they can rely on. To do less would be unworthy of us as a great Nation.

PAYING FOR PRESCRIPTION DRUGS

The SPEAKER pro tempore. Pursuant to the order of the House of January 23, 2002, the gentleman from New Jersey (Mr. PALLONE) is recognized during morning hour debates for 5 minutes.

Mr. PALLONE. Mr. Speaker, I would like to follow up on my two colleagues. The gentlewoman from North Carolina talked in great detail about why we need a prescription drug benefit for seniors and why it should be under Medicare as an expansion of Medicare, and my colleague from Ohio talked about the cost of prescription drugs and how the brand-name drug companies essentially have put on a program, a lobbying campaign, a very effective one to try to prevent any kind of changes in the law that would allow for generic drugs or other kinds of measures that would reduce costs, not only for seniors but for all Americans; and I think those two discussions by my colleagues really are at the heart of the issue.

When it comes to prescription drugs, we need a benefit program under Medicare for senior citizens and those eligible for Medicare; and at the same time, we need to address the issue of costs and bring down costs for all Americans because increasingly more and more people cannot afford to pay for prescription drugs and go without. And I also add, the real problem here is the brand-name drug companies. They are artificially keeping the price of prescription drugs high in order to make even more profit than they would normally make.

Let me say, the Democrats in the House of Representatives, my colleagues on the Democratic side, have proposed an answer to both of these problems, both to the benefit and to the costs. At the time when the Republicans and the Republican leadership were trying to move a prescription drug bill that would simply privatize the program and say, well, we will give people some money, senior citizens, and maybe they can go out and buy a prescription drug policy in the private sector.

The Democrats were saying that would not work, and we came up with a prescription drug program under Medicare. We basically said that just like under Medicare now, they can pay so much per month in a premium to get their doctor bills paid. Most seniors pay a premium, so much per month under what is called part B of Medicare; and after the first \$100 deductible, 80 percent of the costs of their doctor bills are paid for by the Federal Government. We propose, as Democrats, doing the same thing with prescription drugs. A senior would pay about a \$25 per-month premium. They would have a \$100 deductible for the first \$100 in drugs; and after that, 80 percent of the costs would be paid for by the Federal Government for all the prescription drug needs up to \$2,500 a year, at which time everything would be paid for at 100 percent by the Federal Government.

What we did in our Medicare benefit program in our proposal, by contrast to the Republicans, is we said the Secretary of Health and Human Services would be mandated to negotiate lower prices for all the seniors that were in the Medicare program, about 30 to 40 million seniors. Following up on what the Federal Government does with the Veterans Administration or with the military, we said the Secretary of Health and Human Services would be mandated to bring down costs for prescription drugs in the Medicare program because he would have the power to negotiate. We estimate that would bring down the cost of prescription drugs maybe 30, 40 percent over what they are now.

The Republicans totally rejected the idea of expanding Medicare to include prescription drugs. They just want people to go out and buy their own private health insurance, and they put in their bill which passed the House of Representatives that the head of the Medicare program or the head of the prescription drug program that they were proposing would not have any authority to negotiate price reductions, in fact, would be forbidden from doing so.

Why are they doing this? They are doing this because they do not want anything to negatively impact the drug companies. What the drug companies have been doing in this House of Representatives is very clear. From the very beginning they were giving huge amounts of money to the Republicans. They had a big fund raiser for them one night a couple of months ago when we were actually having these bills in committee being marked up, when they wrote the bill, the Republican bill, to make sure it was not an expansion of Medicare and did not impact costs in any way for drugs; and then they started putting up ads on TV where they promoted the Republican candidates for Congress or the Republican incumbents who voted for their own drug bill and said that people should vote for them because they are doing a very good job and providing people with a

prescription drug benefit, which is simply not true.

We heard that this year United Seniors, which is basically a front for PHARMA, for the prescription name drug industry has pumped another 10, or I do not know how many, millions of dollars into an ad campaign. The bottom line is that the drug companies are going to do whatever they can with their Republican allies in Congress to make sure the issue of price is not addressed.

What are the Democrats saying about price? We heard my colleague from Ohio. He has introduced a bill similar to what passed the Senate that basically tries to encourage generic drugs by eliminating some of the barriers that the name-brand drug companies have put in place that make it more difficult under the patent system for generic drugs to come to market.

□ 1300

Mr. Speaker, we can address this in so many ways, but we have to get to the cost issue; otherwise we are not going to get to the problem.

RECESS

The SPEAKER pro tempore (Mr. KERNS). Pursuant to clause 12 of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 1 o'clock and 1 minute p.m.), the House stood in recess until 2 p.m.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BOOZMAN) at 2 p.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord, You are our light and our salvation. In Your hands is the faith of this Nation, for we place all our trust in You.

You claim the hearts of the powerful. Bestow Your wisdom upon the Members of the House of Representatives, that they may draw from the foundation of Your counsel and place You in all their thoughts and deeds.

The many talents of these women and men in government reflect Your splendor and manifest the diversity of this Nation. May their work today give the world hope and joy. For You are Lord of all and work through all, both now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Maryland (Mrs. MORELLA) come forward and lead the House in the Pledge of Allegiance.

Mrs. MORELLA led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

PRIVATE CALENDAR

The SPEAKER pro tempore. This is the day for the call of the Private Calendar. The Clerk will call the first individual bill on the Private Calendar.

NANCY B. WILSON

The Clerk called the bill (H.R. 392) for the relief of Nancy B. Wilson.

Mr. COBLE. Mr. Speaker, I ask unanimous consent that the bill be passed over without prejudice.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

JAMES D. BENOIT AND WAN SOOK BENOIT

The Clerk called the Senate bill (S. 1834) for the relief of retired Sergeant First Class James D. Benoit and Wan Sook Benoit.

There being no objection, the Clerk read the Senate bill as follows:

S. 1834

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. REQUIREMENT TO PAY CLAIMS.

(a) PAYMENT REQUIRED.—The Secretary of the Treasury is authorized and directed to pay, out of any money in the Treasury not otherwise appropriated, to James D. Benoit and Wan Sook Benoit, jointly, the sum of \$415,000, in full satisfaction of all claims described in subsection (b), such amount having been determined by the United States Court of Federal Claims as being equitably due the said James D. Benoit and Wan Sook Benoit pursuant to a referral of the matter to that court by Senate Resolution 129, 105th Congress, 1st session, for action in accordance with sections 1492 and 2509 of title 28, United States Code.

(b) COVERED CLAIMS.—Subsection (a) applies with respect to all claims of the said James D. Benoit, Wan Sook Benoit, and the estate of David Benoit against the United States for compensation and damages for the wrongful death of David Benoit, the minor child of the said James D. Benoit and Wan Sook Benoit, pain and suffering of the said David Benoit, loss of the love and companionship of the said David Benoit by the said James D. Benoit and Wan Sook Benoit, and the wrongful retention of remains of the said David Benoit, all resulting from a fall sustained by the said David Benoit, on June 28, 1983, from an upper level window while occupying military family housing supplied by the Army in Seoul, Korea.

SEC. 2. LIMITATION ON USE OF FUNDS FOR ATTORNEYS' FEES.

No part of the amount appropriated by section 1 in excess of 10 percent thereof shall be paid or delivered to or received by any agent or attorney on account of services rendered in connection with this claim, any contract to the contrary notwithstanding. Violation of the provisions of this section is a misdemeanor punishable by a fine not to exceed \$1,000.

The Senate bill was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

ANISHA GOVEAS FOTI

The Clerk called the bill (H.R. 2245) for the relief of Anisha Goveas Foti.

There being no objection, the Clerk read the bill as follows:

H.R. 2245

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PERMANENT RESIDENT STATUS FOR ANISHA GOVEAS FOTI.

(a) IN GENERAL.—Notwithstanding subsections (a) and (b) of section 201 of the Immigration and Nationality Act, Anisha Goveas Foti shall be eligible for issuance of an immigrant visa or for adjustment of status to that of an alien lawfully admitted for permanent residence upon filing an application for issuance of an immigrant visa under section 204 of such Act or for adjustment of status to lawful permanent resident.

(b) ADJUSTMENT OF STATUS.—If Anisha Goveas Foti enters the United States before the filing deadline specified in subsection (c), she shall be considered to have entered and remained lawfully and shall, if otherwise eligible, be eligible for adjustment of status under section 245 of the Immigration and Nationality Act as of the date of the enactment of this Act.

(c) DEADLINE FOR APPLICATION AND PAYMENT OF FEES.—Subsections (a) and (b) shall apply only if the application for issuance of an immigrant visa or the application for adjustment of status is filed with appropriate fees within 2 years after the date of the enactment of this Act.

(d) REDUCTION OF IMMIGRANT VISA NUMBER.—Upon the granting of an immigrant visa or permanent residence to Anisha Goveas Foti, the Secretary of State shall instruct the proper officer to reduce by 1, during the current or next following fiscal year, the total number of immigrant visas that are made available to natives of the country of the alien's birth under section 203(a) of the Immigration and Nationality Act or, if applicable, the total number of immigrant visas that are made available to natives of the country of the alien's birth under section 202(e) of such Act.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

The SPEAKER pro tempore. This concludes the call of the Private Calendar.

THE NIH SECURITY ACT

(Mrs. MORELLA asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MORELLA. Mr. Speaker, today I am introducing the critically impor-

tant National Institutes of Health Security Act.

After September 11, Congress authorized a 322-acre biomedical research facility to bolster its security by doubling its police ranks from 64 officers to 108. This decision was made by U.S. intelligence experts who determined that the NIH campus is vulnerable and a potential target for terrorist attack, infiltration or theft of protected materials and research. Unfortunately, the force has never come close to reaching those numbers due to the current pay and retirement system.

NIH police are one of the lowest paid in the Washington metropolitan area. Making matters worse, NIH police are not classified as Federal "law enforcement officers," and are thereby denied the superior retirement benefits that distinction affords. The result is in low retention of officers, difficulty with recruitment. Without retirements included, there exists a 77 percent attrition rate at NIH yearly.

Due to the severity of the situation and the resources that NIH protects, I am introducing legislation that would allow NIH to bolster its security force. This bill would add no additional cost to the Federal Government. It would simply allow some long overdue flexibility to be used by NIH.

Without these changes, we are undoubtedly allowing a prime target to remain vulnerable to terrorists.

I want to recognize NIH law enforcement personnel, specifically Clyde Bartz and the Fraternal Order of Police, for raising my awareness of this issue.

HONORING ENLACE AND GUILLERMINA GARCIA FOR THEIR CONTRIBUTIONS TO EDUCATION

(Ms. SANCHEZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SANCHEZ. Mr. Speaker, I rise today to commend the parents and volunteers who participated in the first Annual Walk for Success, sponsored by ENLACE, to raise the awareness of the importance of registering for school.

I would especially like to honor one mother in particular, Guillermina Garcia, for her dedication to her family and to the community. Like many Americans, Guillermina dreams of sending her children to college, and she wants her friends and neighbors to aspire to this lofty goal also.

Despite the many hardships that she faces, Mrs. Garcia finds the time to walk throughout her community door to door and to talk with parents about becoming more involved in their children's education.

Mrs. Garcia also finds time to attend a weekly math class which teaches her how to play games with her children to help them with math. Through her actions she has proven herself to be a role model for her children and for our community.

I would like to congratulate Mrs. Guillermina Garcia and the ENLACE organization for working to educate Orange County residents about educational opportunities.

PASS H.R. 5272 TO LOWER DRUG PRICES

(Mr. BROWN of Ohio asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BROWN of Ohio. Mr. Speaker, according to industry experts, health insurance premiums will jump 13 to 24 percent next year. What is driving this increase? Mostly the cost of prescription drugs.

To deflect attention from these remarkably high prices, the drug industry argues that prescription medicines actually save money by reducing health care costs. If they were more reasonably priced, that might be true. There is no doubt that medicine helps alleviate the need for other health care services. But prescription drugs are priced so outrageously high that their inflationary impact far outstrips any savings. Skyrocket insurance premiums simply do not lie.

There is no excuse for the drug industry's pricing practices. There is no excuse for the tactics drug makers use to block lower-priced generic drugs from the market. There is no excuse for the drug makers' lobbying tactics to try to kill our legislation.

This body must act on H.R. 5272, legislation that will stop the gaming and deliver lower drug prices to the American people, an estimated \$60 billion in savings.

I urge House Republican leadership, all too often too close to the drug industry, to bring this consumer savings bill up for a vote before Columbus Day.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, September 13, 2002.

Hon. J. DENNIS HASTERT,
The Speaker, U.S. House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on September 13, 2002 at 4:43 p.m.

That the Senate passed without amendment H.R. 5157.

With best wishes, I am
Sincerely,

JEFF TRANDAH, L.
Clerk of the House.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair

will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record votes on postponed motions will be taken after debate has concluded on all motions to suspend the rules, but not before 6:30 p.m. today.

WOMEN'S HEALTH OFFICE ACT OF 2002

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1784) to establish an Office on Women's Health within the Department of Health and Human Services, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1784

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Women's Health Office Act of 2002".

SEC. 2. HEALTH AND HUMAN SERVICES OFFICE ON WOMEN'S HEALTH.

(a) **ESTABLISHMENT.**—Part A of title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by adding at the end the following:

"HEALTH AND HUMAN SERVICES OFFICE ON WOMEN'S HEALTH

"SEC. 229. (a) **ESTABLISHMENT OF OFFICE.**—The Secretary shall establish through the last date for which appropriations are authorized under subsection (e), within the Office of the Secretary, an Office on Women's Health (referred to in this section as the 'Office'). The Office shall be headed by a Deputy Assistant Secretary for Women's Health.

"(b) **DUTIES.**—The Secretary, acting through the Office, with respect to the health concerns of women, shall—

"(1) establish short-range and long-range goals and objectives within the Department of Health and Human Services and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and health care professional education, for issues of particular concern to women;

"(2) provide expert advice and consultation to the Secretary concerning scientific, legal, ethical, and policy issues relating to women's health;

"(3) monitor the Department of Health and Human Services' offices, agencies, and regional activities regarding women's health and stimulate activities and facilitate coordination of such departmental and agency offices on women's health;

"(4) establish a Department of Health and Human Services Coordinating Committee on Women's Health, which shall be chaired by the Deputy Assistant Secretary for Women's Health and composed of senior level representatives from each of the agencies and offices of the Department of Health and Human Services;

"(5) establish a National Women's Health Information Center to—

"(A) facilitate the exchange of information regarding matters relating to health information, health promotion, preventive health services, research advances, and education in the appropriate use of health care;

"(B) facilitate access to such information;

"(C) assist in the analysis of issues and problems relating to the matters described in this paragraph; and

"(D) provide technical assistance with respect to the exchange of information (including facilitating the development of materials for such technical assistance);

"(6) coordinate efforts to promote women's health programs and policies with the private sector; and

"(7) through publications and any other means appropriate, provide for the exchange of information between the Office and recipients of grants, contracts, and agreements under subsection (c), and between the Office and health professionals and the general public.

"(c) GRANTS AND CONTRACTS REGARDING DUTIES.—

"(1) **AUTHORITY.**—In carrying out subsection (b), the Secretary may make grants to, and enter into cooperative agreements, contracts, and interagency agreements with, public and private entities, agencies, and organizations.

"(2) **EVALUATION AND DISSEMINATION.**—The Secretary shall directly or through contracts with public and private entities, agencies, and organizations, provide for evaluations of projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information developed as a result of such projects.

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the Secretary shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.

"(e) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007."

(b) **TRANSFER OF FUNCTIONS.**—There are transferred to the Office on Women's Health (established under section 229 of the Public Health Service Act, as added by this section), all functions exercised by the Office on Women's Health of the Public Health Service prior to the date of enactment of this section, including all personnel and compensation authority, all delegation and assignment authority, and all remaining appropriations. All orders, determinations, rules, regulations, permits, agreements, grants, contracts, certificates, licenses, registrations, privileges, and other administrative actions that—

(1) have been issued, made, granted, or allowed to become effective by the President, any Federal agency or official thereof, or by a court of competent jurisdiction, in the performance of functions transferred under this subsection; and

(2) are in effect at the time this section takes effect, or were final before the date of enactment of this section and are to become effective on or after such date;

shall continue in effect according to their terms until modified, terminated, superseded, set aside, or revoked in accordance with law by the President, the Secretary, or other authorized official, a court of competent jurisdiction, or by operation of law.

SEC. 3. CENTERS FOR DISEASE CONTROL AND PREVENTION OFFICE OF WOMEN'S HEALTH.

Part A of title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

"CENTERS FOR DISEASE CONTROL AND PREVENTION OFFICE OF WOMEN'S HEALTH

"SEC. 310A. (a) **ESTABLISHMENT.**—The Secretary shall establish through the last date for which appropriations are authorized under subsection (f), within the Office of the Director of the Centers for Disease Control and Prevention, an office to be known as the Office of Women's Health (referred to in this section as the 'Office'). The Office shall be headed by a director who shall be appointed by the Director of such Centers.

"(b) **PURPOSE.**—The Director of the Office shall—

"(1) report to the Director of the Centers for Disease Control and Prevention on the current level of the Centers' activity regarding women's health conditions across, where appropriate, age, biological, and sociocultural contexts, in all aspects of the Centers' work, including prevention programs, public and professional education, services, and treatment;

"(2) establish short-range and long-range goals and objectives within the Centers for women's health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Centers that relate to prevention, research, education and training, service delivery, and policy development, for issues of particular concern to women;

"(3) identify projects in women's health that should be conducted or supported by the Centers;

"(4) consult with health professionals, nongovernmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on the policy of the Centers with regard to women; and

"(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4)).

"(c) COORDINATING COMMITTEE.—

"(1) **ESTABLISHMENT.**—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (referred to in this subsection as the 'Coordinating Committee').

"(2) **COMPOSITION.**—The Coordinating Committee shall be composed of the directors of the national centers and other appropriate officials of the Centers for Disease Control and Prevention.

"(3) **CHAIRPERSON.**—The Director of the Office shall serve as the Chairperson of the Coordinating Committee.

"(4) **DUTIES.**—With respect to women's health, the Coordinating Committee shall assist the Director of the Office in—

"(A) identifying the need for programs and activities that focus on women's health;

"(B) identifying needs regarding the coordination of activities, including intramural and extramural multidisciplinary activities; and

"(C) making recommendations to the Director of the Centers for Disease Control and Prevention concerning findings made under subparagraphs (A) and (B).

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the Director of the Office shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.

"(e) **DEFINITION.**—As used in this section, the term 'women's health conditions', with respect to women of all age, ethnic, and racial groups, means diseases, disorders, and conditions—

"(1) unique to, significantly more serious for, or significantly more prevalent in women; and

"(2) for which the factors of medical risk or type of medical intervention are different for women.

"(f) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007."

SEC. 4. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY ACTIVITIES REGARDING WOMEN'S HEALTH.

Part C of title IX of the Public Health Service Act (42 U.S.C. 299c et seq.) is amended—

(1) by redesignating sections 927 and 928 as sections 928 and 929, respectively;

(2) by inserting after section 926 the following:

"SEC. 927. ACTIVITIES REGARDING WOMEN'S HEALTH.

"(a) **ESTABLISHMENT.**—The Director shall designate an official of the Office of Priority Populations to carry out, through the last date for which appropriations are authorized under section 928(e), the responsibilities described in this section for such official.

"(b) **PURPOSE.**—The official designated under subsection (a) shall—

"(1) report to the Director on the current Agency level of activity regarding women's health, across, where appropriate, age, biological, and sociocultural contexts, in all aspects of Agency work, including the development of evidence reports and clinical practice protocols and the conduct of research into patient outcomes, delivery of health care services, quality of care, and access to health care;

"(2) establish short-range and long-range goals and objectives within the Agency for research important to women's health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Agency that relate to health services and medical effectiveness research, for issues of particular concern to women;

"(3) identify projects in women's health that should be conducted or supported by the Agency;

"(4) consult with health professionals, non-governmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on Agency policy with regard to women; and

"(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4)).

"(c) **COORDINATING COMMITTEE.**—

"(1) **ESTABLISHMENT.**—In carrying out subsection (b), the official designated under subsection (a) shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (referred to in this subsection as the 'Coordinating Committee').

"(2) **COMPOSITION.**—The Coordinating Committee shall be composed of the official designated under subsection (a) and the directors of the centers and offices of the Agency.

"(3) **CHAIRPERSON.**—The official designated under subsection (a) shall serve as the Chairperson of the Coordinating Committee.

"(4) **DUTIES.**—With respect to research on women's health, the Coordinating Committee shall assist the official designated under subsection (a) in—

"(A) identifying the need for such research, and making an estimate each fiscal year of the funds needed to adequately support the research;

"(B) identifying needs regarding the coordination of research activities, including intramural and extramural multidisciplinary activities; and

"(C) making recommendations to the Director of the Agency concerning findings made under subparagraphs (A) and (B).

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the official designated under subsection (a) shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared."; and

(3) by adding at the end of section 928 (as redesignated by paragraph (1)) the following:

"(e) **WOMEN'S HEALTH.**—For the purpose of carrying out section 927 regarding women's health, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007."

SEC. 5. HEALTH RESOURCES AND SERVICES ADMINISTRATION OFFICE OF WOMEN'S HEALTH.

Title VII of the Social Security Act (42 U.S.C. 901 et seq.) is amended by adding at the end the following:

"OFFICE OF WOMEN'S HEALTH

"SEC. 713. (a) **ESTABLISHMENT.**—The Secretary shall establish through the last date for which appropriations are authorized under subsection (f), within the Office of the Administrator of the Health Resources and Services Administration, an office to be known as the Office of Women's Health. The Office shall be headed by a director who shall be appointed by the Administrator.

"(b) **PURPOSE.**—The Director of the Office shall—

"(1) report to the Administrator on the current Administration level of activity regarding women's health across, where appropriate, age, biological, and sociocultural contexts;

"(2) establish short-range and long-range goals and objectives within the Health Resources and Services Administration for women's health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Administration that relate to health care provider training, health service delivery, research, and demonstration projects, for issues of particular concern to women;

"(3) identify projects in women's health that should be conducted or supported by the bureaus of the Administration;

"(4) consult with health professionals, non-governmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on Administration policy with regard to women; and

"(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4) of the Public Health Service Act).

"(c) **COORDINATING COMMITTEE.**—

"(1) **ESTABLISHMENT.**—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (referred to in this subsection as the 'Coordinating Committee').

"(2) **COMPOSITION.**—The Coordinating Committee shall be composed of the directors of the bureaus of the Administration.

"(3) **CHAIRPERSON.**—The Director of the Office shall serve as the Chairperson of the Coordinating Committee.

"(4) **DUTIES.**—With respect to research on women's health, the Coordinating Committee shall assist the Director of the Office in—

"(A) identifying the need for programs and activities that focus on women's health;

"(B) identifying needs regarding the coordination of activities, including intramural and extramural multidisciplinary activities; and

"(C) making recommendations to the Administrator concerning findings made under subparagraphs (A) and (B).

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the Director of the Office shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.

"(e) **DEFINITIONS.**—For purposes of this section:

"(1) **ADMINISTRATION.**—The term 'Administration' means the Health Resources and Services Administration.

"(2) **ADMINISTRATOR.**—The term 'Administrator' means the Administrator of the Health Resources and Services Administration.

"(3) **OFFICE.**—The term 'Office' means the Office of Women's Health established under this section in the Administration.

"(f) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007."

SEC. 6. FOOD AND DRUG ADMINISTRATION OFFICE OF WOMEN'S HEALTH.

Chapter IX of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 391 et seq.) is amended by adding at the end the following:

"SEC. 908. OFFICE OF WOMEN'S HEALTH.

"(a) **ESTABLISHMENT.**—The Secretary shall establish through the last date for which appropriations are authorized under subsection (e), within the Office of the Commissioner, an office to be known as the Office of Women's Health (referred to in this section as the 'Office'). The Office shall be headed by a director who shall be appointed by the Commissioner of Food and Drugs.

"(b) **PURPOSE.**—The Director of the Office shall—

"(1) report to the Commissioner of Food and Drugs on current Food and Drug Administration (referred to in this section as the 'Administration') levels of activity regarding women's participation in clinical trials and the analysis of data by sex in the testing of drugs, medical devices, and biological products across, where appropriate, age, biological, and sociocultural contexts;

"(2) establish short-range and long-range goals and objectives within the Administration for issues of particular concern to women's health within the jurisdiction of the Administration, including, where relevant and appropriate, adequate inclusion of women and analysis of data by sex in Administration protocols and policies;

"(3) provide information to women and health care providers on those areas in which differences between men and women exist;

"(4) consult with pharmaceutical, biologics, and device manufacturers, health professionals with expertise in women's issues, consumer organizations, and women's health professionals on Administration policy with regard to women;

"(5) make annual estimates of funds needed to monitor clinical trials and analysis of data by sex in accordance with needs that are identified; and

"(6) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4) of the Public Health Service Act).

"(c) **COORDINATING COMMITTEE.**—

"(1) **ESTABLISHMENT.**—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Women's Health (referred to in this subsection as the 'Coordinating Committee').

"(2) **COMPOSITION.**—The Coordinating Committee shall be composed of the directors of the centers of the Administration.

"(3) **CHAIRPERSON.**—The Director of the Office shall serve as the Chairperson of the Coordinating Committee.

"(4) **DUTIES.**—With respect to studies on women's health, the Coordinating Committee shall assist the Director of the Office in—

"(A) identifying whether there is a need for further studies and, if so, developing strategies to foster such studies;

"(B) identifying issues in specific areas of women's health that fall within the mission of the Administration;

"(C) identifying whether any need exists for the coordination of Administration activities, including internal and external activities;

"(D) maintaining the Administration's focus in areas of importance to women;

"(E) supporting the development of methodologies to determine how to obtain data specific to women (including data relating to the age of women and the membership of women in ethnic or racial groups); and

"(F) supporting the development and expansion of clinical trials of treatments and therapies for which obtaining such data has been determined to be an appropriate function.

"(d) **REPORTS.**—Not later than January 31, 2003, and January 31 of each second year thereafter, the Director of the Office shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.

“(e) *AUTHORIZATION OF APPROPRIATIONS.*—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.”.

SEC. 7. NO NEW REGULATORY AUTHORITY.

Nothing in this Act and the amendments made by this Act may be construed as establishing regulatory authority or modifying any existing regulatory authority.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 1784.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today the House will consider H.R. 1784, the Women's Health Office Act of 2002. I would like to take a moment to sincerely thank our colleague, the gentlewoman from Maryland (Mrs. MORELLA), for her tireless, tireless support of this bill, which ensures that our key public health agencies continue working together, and that is greatly to be emphasized, continue working together, to address the unique health needs of women.

President George H.W. Bush created the Office of Women's Health at the Department of Health and Human Services to improve the health of American women by advancing and coordinating a comprehensive women's health agenda throughout the department.

The Office of Women's Health, OWH, is the government's champion and focal point for women's health issues, and works to address inequities in research, health care services and education. Furthermore, the Office of Women's Health encourages women to take personal responsibility for their own health and wellness. H.R. 1784 provides statutory authority for this office.

This legislation, Mr. Speaker, also authorizes four additional offices of women's health at the Centers for Disease Control and Prevention, at the Agency for Healthcare Research and Quality, at the Health Resources and Services Administration, and at the Food and Drug Administration. A coordinating committee will be created within each of these offices to identify the need for programs, activities and research that focus on women's health.

Congress can and should play an active role in promoting women's health research and prevention measures. This measure will create an infrastructure within HHS that will help the depart-

ment better focus its energies on women's health, and I urge all Members to join me in supporting passage of this important legislation. H.R. 1784 will improve the health of all women.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I begin by thanking my friend, the gentleman from Florida (Mr. BILIRAKIS), for his support and interest in this legislation. I am pleased we are considering the Women's Health Office Act passed out of our subcommittee and then passed the full committee also. I applaud the gentlewoman from Maryland (Mrs. MORELLA) and the gentlewoman from New York (Mrs. MALONEY) for their involvement in this issue.

Certain diseases and conditions, as we know, as we finally address, exclusively affect women, are more prevalent in women, or affect women differently. While research in women's health has traditionally been far too limited, development of a number of women's health offices in the past few years has begun to shrink that disparity.

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The Women's Health Office Act would statutorily create offices of women's health in the Department of Health and Human Services, the Agency for Health Care Research and Quality, Health Resource and Services Administration, the Centers for Disease Control in Atlanta, and the Food and Drug Administration. These offices have committed themselves to promoting women's health. This bill will help ensure that the needs and gaps in research, policy programs, education, and training in women's health will continue to be addressed in a concerted way. I recommend, Mr. Speaker, that my colleagues support it.

Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as she might consume to the gentlewoman from Maryland (Mrs. MORELLA), who is the author of this legislation and who did not just sit back, but kept pushing and pushing every time certainly she saw me in the hallways or here in this Chamber.

Mrs. MORELLA. Mr. Speaker, as the lead sponsor of this bill, H.R. 1784, the Women's Health Office Act of 2002, I must say I am delighted to be here today. I am here today with this bill with great thanks to the subcommittee chairman, the gentleman from Florida (Mr. BILIRAKIS), and the gentleman from Ohio (Mr. BROWN), the ranking member. Also, I would like to thank the chairman of the committee, the gentleman from Louisiana (Mr. TAUZIN), and the ranking member, the gentleman from Michigan (Mr. DINGELL).

But it is true what the gentleman from Florida has said: I have bugged him indefatigably, and I very much ap-

preciate this important piece of legislation coming before us. I also want to thank the 96 cosponsors and the gentlewoman from New York (Mrs. MALONEY) for joining with me on this legislation. I also wanted to thank all of the hard-working organizations, the nonprofits and individuals, for their unity in working together to advance women's health and to help to bring this bill to the House floor for a vote.

Mr. Speaker, the Women's Health Office Act of 2002 will provide for permanent authorization for offices of women's health in four Federal agencies: the Department of Health and Human Services, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Food and Drug Administration.

In the Agency for Health Care Research and Quality, the bill requires the director of the agency to designate an official of the Office of Priority Populations to report to the director on activities regarding women's health.

As many of my colleagues probably know, for years our Nation's medical research community actually ignored the health concerns of women. For example, in 1989, the Congressional Caucus for Women's Issues asked the General Accounting Office to investigate the National Institutes of Health, their policy regarding the inclusion of women in clinical trials and protocols. Back then, women were routinely excluded from critically important studies on heart disease, cancer, HIV and AIDS; and it was found that diseases primarily affecting women were severely underfunded.

In its report, the GAO found that NIH had made little progress in implementing a policy that encourages the inclusion of women in research populations. So the women's caucus then introduced the Women's Health Equity Act which, among its provisions, called for the establishment of an Office of Women's Health at NIH and a requirement that women and minorities be included whenever appropriate in research studies funded by NIH.

That fall, on the very day that Senator MIKULSKI, then Congresswoman Pat Schroeder, and I went to NIH to discuss these inequities, NIH announced that it had created an Office of Research of Women's Health. This office would ensure that greater resources were devoted to diseases primarily affecting women and ensure that women would be included in clinical trials. We in Congress subsequently codified that, and the office was signed into law by President Bush the First.

Since then, funding for breast and ovarian cancer at NCI, which is the National Cancer Institute, has more than quadrupled, and funding for osteoporosis has grown from only two osteoporosis-specific grants in the entire country in the early 1980s to more than \$80 million in osteoporosis-specific grants today. Despite great strides on women's health research, we

still have to be vigilant and we still must address issues that are not receiving the public attention and the research priority that they deserve.

For example, we do not understand why an estimated 75 percent of autoimmune diseases occur in women, most frequently during the child-bearing years. Hormones are thought to play a role, because some autoimmune illnesses occur more frequently after menopause; others suddenly improve during pregnancy with flare-ups occurring after delivery, while still others will get worse during pregnancy. We do not understand why more than 90 percent of those with eating disorders are women. Further, the number of American women affected by these illnesses has doubled to at least 5 million in the past 3 decades. In fact, we do not even understand why more girls are affected by autism than boys. This list continues with heart and stroke, cancer, and many more diseases.

Mr. Speaker, another area of women's health where I would like to see more efforts is this area of microbicides. Microbicides are a potential new class of products that women can use to prevent HIV infection as well as other sexually transmitted diseases. Today, the United States has the highest incidence of sexually transmitted diseases in the industrialized world. Mr. Speaker, 15.4 million Americans acquired an STD in 1999 alone. STDs cause serious, costly, even deadly, conditions for women and their children, including infertility, pregnancy complications, cervical cancer, infant mortality, and a higher risk of contracting HIV. Microbicides have the potential to save billions in health care costs. The total cost to the U.S. economy of STDs, excluding HIV infection, was approximately \$8.4 billion in 1999 alone. When the cost of sexually transmitted HIV infection is included, that total rises to \$20 billion.

Microbicide research and development receives less than 2 percent of the Federal AIDS research budget, and best estimates show that less than half of this amount is dedicated directly to product development. Clearly, this is not nearly enough to keep pace with the growing STD and HIV epidemics.

Mr. Speaker, it is my hope that, with passage of this bill, it will bring us closer to the day when women will no longer have to fear getting HIV and STDs.

Well, H.R. 1783 is a simple, clean bill. All it does is it provides statutory authority for offices that are already in place. These offices and programs have a very good track record. For example, heart disease is the number one killer of American women. AHRQ has funded studies to develop tools to improve diagnostic accuracy in emergency rooms and dramatically increase the timely use of clot-busting drugs in women.

AHRQ is also working to reduce the impact of breast cancer, another disease which takes a heavy toll on women. The agency is currently con-

ducting outreach to poor and minority women who are less likely to get mammograms to ensure that they receive this critical preventive health care.

Providing statutory authorization for Federal women's health offices, as we do today, is a critical step in ensuring that women's health research continues to receive the attention that it requires in this 21st century.

So concluding, Mr. Speaker, I can say without exaggeration that women working together as patients, lawyers, advocates, medical researchers, and Members of Congress have been a powerful catalyst for the advances that we have made in the research and treatment of breast, ovarian, cervical cancer, osteoporosis and heart disease. The men have been there for us, bringing forward this bill and others that do help with the focus on health for women, as well as men and all.

So I urge my colleagues to support this legislation and programs to address the health needs of all of our citizens and the fundamental challenges posed by our Nation's health care system.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Mr. Speaker, I thank the gentleman for yielding me this time, and I appreciate the work of the distinguished chairman and the distinguished ranking member and the bipartisan effort that has brought this bill to the floor.

I rise in strong support of the Women's Health Office Act. Anyone trying to keep track of women's health issues today is literally on a merry-go-round. The best recent example is the hormone replacement treatment quagmire, HRT. Here we had a major drug, progesterone, where a study has just shown serious health consequences for a drug that was being administered to millions of women to promote serious health benefits. I mean, that is just how complicated it is. But that is the nature of the women's health beast. And we do not need to make it more complicated than it already is. Having multiple offices that do not relate one to another with no statutory imprimatur makes it more complicated than it really is.

Speaking of complications, what I think these offices help us to do is to face the fact that females are a particularly complicated organism. Throughout her life, a woman emerges as diametrically opposed to what she once was. A woman of child-bearing age is the opposite of the menopausal woman she shall become.

Now, I have not even got to the differences between women and men. If we are dealing with these kinds of complications in a single human being, we have to figure out ways to make sure that what happens to her health is as good as it gets, or as good as we can get it.

Because of such complications, the bipartisan women's caucus successfully

fought, for example, to have medical and scientific studies that included women and not only men, because not including women had terrible consequences for us. That is one of the reasons that the average American woman today does not know that heart disease is the number one killer of women, because these studies, this information, has not been out there, because we have not paid the kind of close and coordinated attention to women's health that this bill will help to promote. It has been very important to test women differently from men when putting drugs on the market, because let us face it, women have very different chemistry.

Mr. Speaker, a year ago I signed on to a bipartisan letter asking HHS Secretary Tommy Thompson to help authorize the multiple women's offices, only one of which was statutorily authorized. The best way to do it is the permanent authorization embodied in this bill, and I strongly support it; and I ask for the support of Members of this House.

Mr. BILLIRAKIS. Mr. Speaker, I have no further requests for time, but I will reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield 3 minutes to the gentlewoman from Houston, Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished ranking member; and I thank the distinguished chairman for being a leader on these issues. The chemistry between the ranking member and the chairman has presented a lot of good initiatives on this floor; and I thank them for that, because health care is American. It involves all of us. I thank the gentlewoman from Maryland (Mrs. MORELLA), and of course my colleague, the gentlewoman from New York (Mrs. MALONEY); and I announce as well that I was very pleased to be one of the original cosponsors of this legislation.

It is important to delineate what this legislation actually does. It codifies and provides statutory authority for a women's health center in four very vital health agencies of this government, and that is, of course, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Food and Drug Administration, and the Office of Priority Populations within the Agency for Health Care Research and Quality, the lead agency for women's research.

□ 1430

But the Centers for Disease Control certainly is the key as it relates to the fighting of diseases here in the United States.

I think something else is important, as well, as we look at this legislation, that all of these agencies will be brought to bear on the complexity of women's health and will be required to identify projects in women's health that should be conducted by the particular centers.

In addition, they will be brought to bear to consult with health professionals, nongovernmental organizations, consumer organizations, women's health professionals, and other individuals and groups as appropriate on the policy of the centers' work as it is regarding women.

I heard my friend and colleague, the gentleman from Ohio (Mr. BROWN), mention just a few moments ago or sometime before on the need for a guaranteed drug benefit under Medicare. I see my seniors, in particular women, as I visit with them in my district needing to have this kind of legislation.

This legislation that we are debating on the floor of the House will go a long way in helping the health of women of all ages, including those in puberty and young women of child-bearing age, now that we find that women can have children a longer period of time; and minority women in particular, who we find have the highest percentage of infections of HIV/AIDS in the United States of America.

A lot of this research, as well, can help our friends around the world, particularly developing nations, where we use now more women in clinical testing; and we can get more of the data that can be utilized by our friends around the world, particularly in our work with the United Nations.

So this is a historic occasion to begin to understand that the study of women's health should be focused. We should get one science, one consistent science, so that when there are prescriptions on certain hormone treatment, that we can have the research and the science to make sure that what we are suggesting or treating women with is the right direction to go. I applaud this legislation.

In conclusion, let me say that I have filed legislation dealing with cultural competence. It relates to this issue, and I look forward to working with the committees on this issue.

I rise in support of H.R. 1784, the Women's Health Office Act of 2002.

In the last century, the life expectancy of American women has increased by 30 years. Now we face the challenge of keeping women alive and healthy. American in the new millennium faces increasingly complex public health challenges. I stand here today, ashamed to say that thus far our nation has not taken advantage of the opportunities and advancements in medical technology to meet the goal of improved health for all Americans.

The Women's Health Office Act of 2002 amends the Public Health Services Act to establish within the Office of the Secretary of Health and Human Services an office on Women's Health, headed by a Deputy Assistant Secretary for Women's Health. In addition, the Women's Health Act requires the establishment of a Department of Health and Human Services Coordinating Committee, a National Women's Health Information Center, and requires biennial reports to Congress.

Research has established that the existence of persistent racial and socioeconomic disparities in women's health in the United States.

We know that coronary disease is the leading cause of death for both men and women. But, nearly twice as many women in the U.S. die of heart disease and stroke every year as die from all types of cancer. Yet, multiple studies have shown that women are less likely than men to be referred for invasive cardiac procedures.

While the life expectancy of women in the United States has risen, as a group, African American women have a shorter life expectancy and experience earlier onset of such chronic conditions such as diabetes and hypertension. If we look at the death rates for diseases of the heart, African American women are clearly at risk with 147 deaths per 100,000. When we look at cervical cancer, we see that the incidence rate of invasive cervical cancer is higher among Asian-American women. Yet, we cannot explain the causes of these higher rates.

Disparities are perhaps most alarming when we look at HIV/AIDS. Twenty-two percent of Americans currently living with HIV are women, and 77 percent of those are African American or Hispanic. Many people are shocked to know that AIDS is the second leading cause of death among African American women age 25 to 44.

There are nearly 40 million women in America who are members of racial and ethnic minority groups. These women suffer disproportionately from premature death, disease, and disabilities. Many also face tremendous barriers to optimal health. This is a growing challenge in our nation.

The challenge is even greater when we consider the aging population. By the year 2050, nearly 1 in 4 adult women will be 65 years old or older, and an astonishing 1 in 17 will be 85 years old or older. We must ensure that our Federal agencies are in the forefront working to find solutions to the challenges our nation faces in caring for the health of our women.

The "Women's Health office Act of 2002" provides permanent authorization for offices of women's health in five federal agencies: the Department of Health and Human Services (HHS); the Centers for Disease Control and Prevention (CDC); the Agency for Health Care Research and Quality (AHRQ); the Health Resources and Services Administration; and the Food and Drug Administration (FDA).

Mr. Speaker, behind each impersonal statistic is a woman whose life is potentially at risk because of health disparities and a family that will be devastated by the loss of a mother or sister. The Women's Health Act of 2002 would be a tremendous step toward eliminating health disparities. In the last century we made improvements that expanded the lifespan of women. In this century we have the challenge of meeting the health care needs and improving the quality of life for all women.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

I, too, thank the gentleman from Ohio (Mr. BROWN) for his cooperation, Mr. Speaker. Yes, even though we disagree on matters of philosophy, we do have a chemistry that works well for the legislation that is up before this House.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume, just to say that I feel the same way, to be sure.

Mrs. CHRISTENSEN. Mr. Speaker, in good conscience, I rise in support of H.R. 1784. The

Women's Health Office Act of 2002 amends the Public Health Service Act to establish within the Office of the Secretary of Health and Human Services (HHS) an Office on Women's Health, headed by a Deputy Assistant Secretary for Women's Health, requires the establishment of a Department of Health and Human Services Coordinating Committee and a National Women's Health Information Center, requires biennial reports to Congress and authorizes appropriations for FY 2003 through 2007.

Women make up the largest number of Americans afflicted by so many of today's leading illness—many of which are preventable if steps are taken earlier in life through routine care and a balanced and healthy lifestyle.

Heart disease is the number one killer of American women. Although the incidence of HIV/AIDS is decreasing in white males, it has become the third leading cause of death among women ages 25 to 44 and the leading cause of death among African American women in this age group. Even more alarming is the younger ages at which infection is occurring.

As we carry out our myriad responsibilities, we have too often forsaken not only our physical health, but our mental health as well. We make up 12 percent of the U.S. population suffering from mental illness. Nearly 4.1 million women in this country currently use illicit drugs, and over 1.2 million misuse prescription drugs for nonmedical reasons.

Currently, minority women receive fewer preventive health interventions than white women. 55 percent of Asian American women, 43 percent of Hispanic women and 37 percent of African American women did not have a Pap test within the past year.

54 percent of Asian American women, 52 percent of African American women, and 51 percent of Hispanic women did not have a mammogram within the past two years. 74 percent of Hispanic women and 73 percent of Asian American women did not have a blood pressure screening within the past year; and stroke occurs at a higher rate among African American and Hispanic women compared with white women.

We in the Congressional Black Caucus, who work to close the gaps in health care and raise the health status for African Americans and People of Color, are committed to improving the health of women and all Americans.

Mr. Speaker, this bill directs the Secretary of HHS to establish within the Office of the Director of the Centers for Disease Control and Prevention the Office of Women's Health, headed by a Director, requires the director to establish the Coordinating Committee on Research on Women's Health and requires biennial reports to Congress.

Mr. Speaker, in efforts to eliminate health disparities I am proud to support my colleague on the other side of the aisle in this campaign to give all women health information and to guide them in making the choices which will enable them to embark on a path to good health.

Mr. BLUMENAUER. Mr. Speaker, I am pleased that the House is debating and voting today on H.R. 1784, the Women's Health Office Act, a bill that I support and have cosponsored. This measure will provide the tools necessary for successful coordination of women's health efforts in the federal government. Passage of this bill will bring needed attention and

coordination to federal efforts to prevent, treat and research women's health needs.

Streamlined federal communication regarding women's health issues is vital. This bill will also prevent attempts, like those made last year, to eliminate the offices of women's health throughout federal health agencies. Specific statutory authorization, as provided under this bill, will allow the women's health offices to carry out their tasks without fear that their programs or funding will be cut.

It is essential that we provide stable funding and statutory support for the good work these programs do to promote women's health, study diseases that affect women and promote the inclusion of women in research studies. I urge the speedy adoption of this important measure.

Ms. SCHAKOWSKY. Mr. Speaker, I rise today in support of H.R. 1784, the Women's Health Office Act. By establishing Offices of Women's Health throughout different agencies in the Department of Health and Human Services, this legislation recognizes the ongoing need to focus attention on various health issues particularly related to women. Women make up over half the adult population of this country and it is critical that we make women's health a top priority.

For years, almost all medical research was conducted from a male perspective, while women's medical needs were ignored. Today there is a need for more research on breast, cervical, and ovarian cancer, hormone replacement therapy, and how various ailments such as osteoporosis and heart disease specifically affect women. It is important that we conduct this research, not as an afterthought, but as primary research important to everyone's well-being.

There is also a need to ensure that all women in the U.S. have access to health care coverage, including comprehensive reproductive health care, prenatal care, preventative care, and coverage throughout menopause and old age. Too many poor and low-income women in this country have little or no access to health care. This is particularly harmful and unacceptable for pregnant women and women suffering from ongoing ailments.

I also expect the new Offices of Women's Health within the various agencies to focus on domestic violence and sexual assault as serious threats to both women's health and public health in general. Violence against women is the leading cause of injury to women in America between the ages of 15 and 54. Not only does this violence leave victims with visible injuries, but it can lead to other physical problems and emotional distress. It is critical that we look at violence against women from a medical perspective, as well as examine its social consequences, in order to recognize it, address it, and work to end it.

I am pleased that the House of Representatives is addressing the issue of women's health today and I urge my colleagues to vote for H.R. 1784, the Women's Health Office Act.

Ms. SLAUGHTER. Mr. Speaker, I rise in strong support of H.R. 1784, the Women's Health Office Act.

As an original cosponsor and vocal advocate of this legislation, I am delighted that it is finally being considered by the House. Congress has delayed far too long in addressing the second-class status of the various offices of women's health throughout the Department of Health and Human Services (HHS).

As other speakers have attested, only two of the HHS offices of women's health are currently established in statute: the Office of Research on Women's Health at the National Institutes of Health, and the women's health associate administrator at the Substance Abuse and Mental Health Services Administration. While offices of women's health exist at a number of other agencies, they can be moved, altered, or eliminated at the discretion of the agency director. This lack of permanence is extremely detrimental to long-term planning and multi-year efforts. It also sends a message to our nation's women that we are not firmly committed to improving their health.

Women's health is not a passing fancy or a fad that will go out of fashion. It is a serious discipline that will require the attention of doctors, scientists, and health care providers far into the future. The offices of women's health should not be an afterthought. H.R. 1784 is a vital step in permanently integrating women's health into the structure of our health care system. I look forward to voting for this important initiative, and I urge my colleagues to do the same.

Mr. WU. Mr. Speaker, for too long, women's health needs have been ignored or excluded in federal medical research. For instance, one federally funded study examined the ability of aspirin to prevent heart attacks in 20,000 medical doctors, all of whom were men, despite the fact that heart disease is a leading cause of death among women. Another study on breast cancer examined hundreds of men.

Fortunately, this attitude has changed. Today, medical researchers and health care providers know and understand the importance of distinguishing women's health. I strongly support these efforts, but I realize that more needs to be done. Last May, the GAO released a report on the status of women's research at NIH. Although noting that much progress has been made, the report stated that the Institute had made less progress in implementing the requirement that certain clinical trials be designed and carried out to permit valid analysis by sex, which could reveal whether interventions affect women and men differently. It also found that NIH researchers, even though they would include women in their trials, would either do no analysis on the basis of sex, or would not publish the sex-based results if no difference was found.

This must change. We need to continue to eliminate this health care gender gap and improve women's access to affordable, quality health services. The bill before us today, by Women's Health Office Act, will bring us one step closer to eliminating this gap by providing permanent authorization for Offices of Women's Health in five Federal agencies: the Department of Health and Human Services (HHS); the Centers for Disease Control and Prevention (CDC); the Agency for Health Care Research and Quality (AHRQ); the Health Resources and Services Administration (HRSA); and the Food and Drug Administration (FDA). Currently, only two women's health offices in the Federal Government have statutory authorization: the Office of Research on Women's Health at the National Institutes of Health, and the Office for Women's Services within the Substance Abuse and Mental Health Services Administration (SAMHSA).

Offices of Women's Health across the Public Health Service are charged with coordinating women's health activities and moni-

toring progress on women's health issues within their respective agencies, and they have been successful in making Federal programs and policies more responsive to women's health issues. Unfortunately, all of the good work these offices are doing is not guaranteed in Public Health Service authorizing law. Providing statutory authorization for federal women's health offices is a critical step in ensuring that women's health research will continue to receive the attention it requires in future years.

I urge my colleagues to join me in support of this important legislation.

Mrs. MALONEY of New York. Mr. Speaker, I am delighted to have the opportunity to speak on the floor in favor of H.R. 1784, The Women's Health Office Act. Congresswoman MORELLA and I have worked on this bill for a number of years and I want to thank the Congresswoman for her leadership on this issue.

In addition, I want to thank the Energy & Commerce committee, Chairman TAUZIN, Congressman DINGELL, Chairman BILIRAKIS, and Congressman SHERROD BROWN for moving this bill forward and for their dedication to women's health.

The other body has also taken action on this issue. I am pleased to see that this legislation was included in the Senate's "Women's Health Act," S. 2328, that passed out of the Senate Committee on Health, Education, Labor, and Pensions earlier this month.

By permanently establishing offices for women's health within the Department of Health and Human Services, the Agency for Health Care Research and Quality, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Food and Drug Administration, the Women's Health Office Act will provide the much needed statutory authority to further develop women's health research.

H.R. 1784 is endorsed by 50 advocacy organizations who represent women, health care professionals and consumers, including the Society for Women's Health Research, the Women's Research and Education Institute, and the YWCA of the U.S.A.

H.R. 1784 is grounded in a basic premise: only through good science and research do we find better treatments and cures. Women and girls should benefit equitably in the advances made in health care and medical research.

Women around the United States need and deserve to have their health protected and not overlooked. Yet, various health differences between men and women have long gone unnoticed and not studied. Just last spring, the GAO reported that 8 out of 10 drugs pulled off the market were more harmful to women than to men. These were drugs that underwent extensive clinical trials and were approved by the FDA. Yet, once on the market these drugs caused serious health hazards for the women they were prescribed to.

Obviously, there is still much work to be done in the area of women's health. Congress, Federal health agencies, and the scientific community are working to ensure that women's health is made a priority. This legislation is another important step towards equity in health.

I support this legislation. Women need this legislation. Let's work to improve the lives and health of women in this country. Support H.R. 1784, The Women's Health Office Act.

I'm honored to be the lead Democrat on this bill.

Mr. DINGELL. Mr. Speaker, I rise in strong support for this bill. The General Accounting Office released a report in 1990 that exposed the historical pattern of neglect of women in health research. As a result of this report, there was a significant increase in government initiatives in women's health research and the creation of women's health offices, advisors, and coordinators in many governmental institutions.

But that was just a beginning. We must now work to ensure that these highly beneficial institutions remain funded and operational into the future.

Currently, there are only two agencies which have federally authorized women's health offices: the Office of Research on Women's Health in the National Institutes of Health, and the Office for Women's Services in the Substance Abuse and Mental Health Services Administration. Since these two agencies are the only women's health offices established under statute, these are the only two women's health offices that are federally authorized and protected by law. The women's health offices, advisors, and coordinators of other government agencies face the possibility that future administrations will not continue to support them, or that future funding will be insufficient to meet their needs.

H.R. 1784 would provide permanent authorization for women's health offices in the Department of Health and Human Services, the Agency for Health Care Research and Quality, the Health Resource and Service Administration, the Centers for Disease Control and Prevention, and the Food and Drug Administration. It will ensure that these women's health offices will continue under statute and carry on the important work to improve the health of women through ongoing evaluation in the areas of education, prevention, treatment, research, and delivery of services.

I want to note the outstanding leadership on this legislation of my friend and colleague, Representative CAROLYN MALONEY. I urge my colleagues to join me in support of this important and beneficial piece of legislation.

Mr. BROWN of Ohio. Mr. Speaker, I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BOOZMAN). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 1784, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

CANDACE NEWMAKER RESOLUTION OF 2002

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 435) expressing the sense of the Congress that the therapeutic technique known as rebirthing is a dangerous and harmful practice and should be prohibited.

The Clerk read as follows:

H. CON. RES. 435

Whereas "rebirthing" is a form of "attachment therapy", which is used to try to forge new bonds between adoptive parents and their adopted children;

Whereas Candace Newmaker, a child from North Carolina, died from the rebirthing technique, and four other children have died from other forms of attachment therapy;

Whereas the American Psychological Association does not recognize rebirthing as proper treatment; and

Whereas many States have enacted or are considering legislation to prohibit this technique: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring),

SECTION 1. SHORT TITLE.

This concurrent resolution may be cited as the "Candace Newmaker Resolution of 2002".

SEC. 2. SENSE OF CONGRESS REGARDING THERAPEUTIC TECHNIQUE KNOWN AS REBIRTHING.

(a) IN GENERAL.—It is the sense of the Congress that the therapeutic technique known as rebirthing is dangerous and harmful, and the Congress encourages each State to enact a law that prohibits such technique.

(b) DEFINITION.—In this resolution, the term "rebirthing" means a therapy to reenact the birthing process in a manner that includes restraint and creates a situation in which a patient may suffer physical injury or death.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation, and to include extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise in support of House Concurrent Resolution 435, which does express the sense of the Congress that the therapeutic technique known as rebirthing is a dangerous and harmful practice that should be prohibited.

Now, Mr. Speaker, a terrible story: in Colorado, a 10-year-old girl named Candace Newmaker died during a rebirthing session. Rebirthing is supposed to forge new bonds between adoptive parents and their children, and it involves wrapping the child in a sheet and covering him or her with pillows, often for more than an hour, to simulate the birthing process.

During the procedure, Candace, who had been diagnosed with attachment disorder, told her therapist several times that she could not breathe. However, her therapist did not unwrap her, but told her to push harder to get out. Candace was rushed to a local hospital where she died the next day.

Unfortunately, Mr. Speaker, Candace is not the only child to die and suffer

from this practice. Four other children have died as a result of rebirthing therapy.

The American Psychological Association does not recognize rebirthing as proper treatment for attachment disorders, and many States, including Colorado, have enacted legislation which makes it illegal to practice rebirthing therapy if restraints are involved or there is a risk of physical injury. Many other States have enacted or are considering legislation to prohibit this technique, as well.

The Committee on Energy and Commerce unanimously approved the resolution before us on September 5; and we are very, very grateful to the gentlewoman from North Carolina (Mrs. MYRICK) for introducing this resolution. It does encourage each State to enact a law that prohibits this potentially very deadly practice.

Mr. Speaker, I urge my colleagues to support this important resolution, and I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the gentlewoman from North Carolina (Mrs. MYRICK) has introduced legislation inspired by the tragic death of the 10-year-old that the gentleman from Florida (Chairman Bilirakis) referred to as a result of what is commonly known as rebirthing therapy. This resolution expresses congressional opposition to this dangerous and deadly practice.

This radical therapy has been used by some therapists to treat attachment disorder, most commonly seen in adopted children. The American Psychological Association and the National Council for Adoption and other organizations condemn this practice as fraudulent and as dangerous. In addition to the risk of death by asphyxiation, psychologists say it can further damage already-troubled children.

Our committee, the Committee on Energy and Commerce, supported this important resolution. I urge my colleagues to do the same today.

Mr. Speaker, this body brings a variety of resolutions to the floor coming out of the Subcommittee on Health, almost all of which I support, almost all of which are positive.

I wish, however, Mr. Speaker, that we would do a little bit more in terms of trying to rein in prescription drug prices. I look at legislation like this, which is important; but we should be using this time on the floor also to pass legislation like that which the gentlewoman from Missouri (Mrs. EMERSON), a Republican, and I, a Democrat, have introduced, which is the GAAP bill, H.R. 1862.

I have introduced similar legislation with the gentleman from California, H.R. 5272, to deal with the problem of drug pricing. It is a bill the other body has passed. It would stop the gaming of the patent system by the drug companies whereby they have been able to extend their patents by cutting deals

with generics, by in some cases using private lawsuits, using the court system.

Our legislation would save \$60 million to consumers over the next 10 years. It is something that our committee should do and that this body should do.

While the chairman, the gentleman from Florida (Mr. BILIRAKIS), has always been so helpful in bipartisanly working on a lot of these issues, the Republican leadership has not been so helpful. I would hope that as we work on these resolutions, as on the resolution of the gentlewoman from North Carolina (Mrs. MYRICK), which I support, House Concurrent Resolution 435, that we would also work on legislation like H.R. 5272, which has bipartisan sponsors, but on which, because of the opposition of the drug industry, Republican leadership, who are much too close to the drug industry, much too aligned to the drug industry with drug industry contributions and political support, has failed to step forward.

I would hope as we pass this bill today that perhaps tomorrow we can work on such legislation, on which we are going to do a discharge petition, I would add parenthetically, this week, Mr. Speaker, and pass legislation to stop the gaming of the patent system, as we pass legislation like we are today.

Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, to stay on the point of the legislation before us now, I yield such time as she may consume to the gentlewoman from North Carolina (Mrs. MYRICK), the author of the legislation.

Mrs. MYRICK. Mr. Speaker, I thank the gentleman for yielding me this time and for bringing this bill forward today.

I do come in support of H. Con. Res. 435, the Candace Newmaker Resolution of 2002. I introduced this resolution in July to honor a little girl from North Carolina who lost her life tragically because of voodoo science called rebirthing. She was a beautiful 10-year-old girl, her whole life ahead of her; and she died tragically in April of 2000 because she was forced to take part in a rebirthing therapy session. Candace had been adopted out of the foster care system by a single woman; and like any child would, she missed her parents and her siblings, and her adoptive mother claimed that she and Candace were not "bonding" properly.

While searching the Internet for help, Candace's adoptive mother discovered "reactive attachment therapy." It is a disorder treatment, a clinical term for what folks see as a child's ability to bond with new adoptive parents.

A therapist, who never even met Candace, diagnosed her with this disorder; and her mother took her to Colorado for treatment. A radical attachment-disorder therapist was paid \$7,000 for a 2-week course of treatment for Candace. This was not a licensed psy-

chiatrist or a licensed psychologist. The supposed therapist's highest degree was a master's in social work.

After a few days of other attachment therapy, the therapist thought that Candace was ready for the rebirthing therapy. This was supposed to simulate Candace's trip through the birth canal and would symbolically deliver her to her adoptive mother and erase her natural birth 10 years ago.

The therapist and her assistant, along with two other helpers, wrapped Candace tightly in a flannel blanket and covered her with eight cushions. Then the four adults put their combined weight of 673 pounds on Candace's 70-pound body, bounced on her and squeezed her to simulate contractions. During the 70-minute procedure, the adults taunted Candace to try to fight her way out of the cocoon. Ten minutes into the procedure, Candace begged to be let out because she could not breathe. Her sobs and her pleas were ignored, and she was even told to go ahead and die by the therapist. Candace continued to cry for her life for 30 more minutes.

Forty minutes into the procedure, she spoke her last word, "no." The adults continued to sit on her and taunt her for 30 more minutes. When they finally unwrapped Candace, she was dead. Her adoptive mother had witnessed the entire episode, and the therapist had even videotaped the procedure which was used against her in a court of law. She and her assistant were convicted of reckless child abuse resulting in death and were sentenced to 16 years each.

Colorado has since passed a law to outlaw this horrendous practice; and other States, including my State of North Carolina, will hopefully do so soon. The resolution I introduced, H. Con. Res. 435, would express the sense of Congress that this "rebirthing" therapy is dangerous and should be prohibited. This therapeutic technique is not recognized by any professional psychological groups, and many have specifically denounced the practice, including the American Psychological Association, the American Psychiatric Association, the Judge David Bazelon Center for Mental Health, and the National Council for Adoption. I encourage all States to outlaw this voodoo science and prevent another tragedy from happening.

Candace's grandparents, David and Mary Davis, who are my constituents and who are here today, have been tireless advocates for outlawing this procedure. They do not want their granddaughter to have died in vain.

I ask my colleagues to join me in passing this resolution to ensure States to outlaw this procedure.

Mr. BROWN of Ohio. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 435.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ROLLAN D. MELTON POST OFFICE BUILDING

Mr. CANNON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4102) to designate the facility of the United States Postal Service located at 120 North Maine Street in Fallon, Nevada, as the "Rollan D. Melton Post Office Building."

The Clerk read as follows:

H.R. 4102

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ROLLAN D. MELTON POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 120 North Maine Street in Fallon, Nevada, shall be known and designated as the "Rollan D. Melton Post Office Building".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the Rollan D. Melton Post Office Building.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Utah (Mr. CANNON) and the gentleman from Massachusetts (Mr. TIERNEY) each will control 20 minutes.

The Chair recognizes the gentleman from Utah (Mr. CANNON).

□ 1445

GENERAL LEAVE

Mr. CANNON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the bill under consideration, H.R. 4102.

The SPEAKER pro tempore (Mr. BOOZMAN). Is there objection to the request of the gentleman from Utah?

There was no objection.

Mr. CANNON. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 4102, introduced by our distinguished colleague from Nevada (Mr. GIBBONS) designates the facility of the United States Postal Service in Fallon, Nevada, as the Rollan D. Melton Post Office Building. All Members of the House delegation from the State of Nevada are cosponsors of this legislation.

Mr. Speaker, Rollan Melton was a credit to the field of journalism and a

devoted resident of the town of Fallon in the gentleman from Nevada's (Mr. GIBBONS) district. At this time, Mr. Speaker, the sponsor of the legislation, the gentleman from Nevada (Mr. GIBBONS), has asked me to read a statement on his behalf because he regrets that he is unable to be here today.

"It is only fitting that this post office, which is an integral part of the Fallon community, be named after the man who dedicated his life to the town, its people, and the goal of keeping small communities like Fallon connected to the world through their local newspaper.

"A prominent resident of Fallon, Nevada, Rollan Melton established a remarkable career in journalism and never forgot his hometown roots.

"Born July 21, 1931, in Boise, Idaho, Rollan Melton moved to Fallon as a young boy. He played football for the Fallon High School and went on to the University of Nevada on a Harold's Club scholarship. He always appreciated his Fallon years and would later endow a scholarship at Fallon's Churchill County High School to celebrate the help he had from his high school teachers and coaches.

"As a young man, Melton quickly embarked on a career of journalism. He would write for the London Observer, the Wall Street Journal and several New York City papers. Yet, Melton loved his home State of Nevada and in 1957, he joined the Reno Evening Gazette where he could write about his hometown and the surrounding communities.

"He would hold various positions at the paper including reporter, sports editor, telegraph editor, promotion manager, and, finally, editor and publisher of the paper which would become known as the Reno Gazette-Journal.

"Throughout his newspaper career, he remained active in numerous philanthropic organizations. He served as a trustee and officer of the Jon Ben Snow Trust based at Syracuse, New York. The trust gives about \$300,000 in grants each year in Nevada.

"Melton was also a member of the Nevada Board of Regents, earning the designation of a Distinguished Nevadan.

"Of all his positions, the one he loved the most was columnist, and he wrote frequently about Fallon and its people. On November 30, 2001, Melton was inducted into the Nevada Writers Hall of Fame. He was also named to the Nevada Newspaper Hall of Fame.

"Melton completed 23 years of column writing in October 2001. His first book, *Nevadans*, was published in 1988. His second, an autobiography entitled *Sonny's Story*, was published by the University of Nevada in 1988. And the third book, *101 Nevada Columns*, was published on his 70th birthday on 2001.

"As a distinguished writer, Rollan Melton found his inspiration in the people of Nevada. Naming the Fallon Post Office in his honor would be a great tribute to his work and commit-

ment to the Silver State and to the town he loved so much, Fallon, Nevada."

Mr. Speaker, this concludes the statement from the gentleman from Nevada (Mr. GIBBONS).

Mr. Speaker, I urge adoption of H.R. 4102.

Mr. Speaker, I reserve the balance of my time.

Mr. TIERNEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I thank my colleague who, as usual, is doing a great job on this for his colleague and for the entire delegation over there.

Mr. Speaker, I am a member of the House Committee on Government Reform and I am pleased to join the gentleman in the consideration of H.R. 4102 which names that post office in Fallon, Nevada, for the late Rollan D. Melton.

Mr. Speaker, As a member of the House Committee on Government Reform, I am pleased to join my colleagues in the consideration of H.R. 4102, which names a post office in Fallon, Nevada, after the late Rollan D. Melton, H.R. 4102, which enjoys the support and cosponsorship of the entire Nevada delegation, was introduced by the gentleman from Nevada (Mr. GIBBONS (R-NV)) on April 9, 2002.

Mr. Rollan Melton graduated from the University of Nevada in 1955. A journalism major, Rollan served as the sports editor of the campus paper, "Sagebrush" and worked as the city editor of a Nevada weekly. In 1957, he joined the Reno Evening Gazette as a reporter, eventually rising to the position of editor and publisher.

As Chairman and CEO of Speidel Newspapers, Mr. Melton negotiated the Speidel merger with Gannett in 1977, and served on the Gannett board for two years. In 1979, he was chosen as a Distinguished Nevadan.

An avid supporter of a sound college education, Mr. Melton served as an interim dean of the Reynolds School of Journalism. He was also a member of the advisory board for the Reynolds School of Journalism, Sigma Delta Chi Journalism Society and the College of Arts and Science.

Active in fine arts and educational programs, Mr. Melton continued to remain a columnist for the Reno Gazette-Journal until his death on January 13, 2002.

Mr. Speaker, I comment the gentleman from Nevada (Mr. GIBBONS) for seeking to honor Rollan D. Melton by naming a post office after him in his adopted city of Fallon, Nevada and urge the swift passage of this bill.

Mr. TIERNEY. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. CANNON. Mr. Speaker, I urge the adoption of this measure.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Utah (Mr. CANNON) that the House suspend the rules and pass the bill, H.R. 4102.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of

those present have voted in the affirmative.

Mr. CANNON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

JOSEPH D. EARLY POST OFFICE BUILDING

Mr. CANNON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5333) to designate the facility of the United States Postal Service located at 4 East Central Street in Worcester, Massachusetts, as the "Joseph D. Early Post Office Building."

The Clerk read as follows:

H.R. 5333

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. JOSEPH D. EARLY POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 4 East Central Street in Worcester, Massachusetts, shall be known and designated as the "Joseph D. Early Post Office Building".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the Joseph D. Early Post Office Building.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Utah (Mr. CANNON) and the gentleman from Massachusetts (Mr. TIERNEY) each will control 20 minutes.

The Chair recognizes the gentleman from Utah (Mr. CANNON).

GENERAL LEAVE

Mr. CANNON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the bill under consideration, H.R. 5333.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Utah?

There was no objection.

Mr. CANNON. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 5333, sponsored by our distinguished colleague from Massachusetts (Mr. MCGOVERN), designates the facility of the United States Postal Service in Worcester, Massachusetts as the Joseph D. Early Post Office Building. All Members of the House delegation from the Commonwealth of Massachusetts are cosponsors of this legislation.

Mr. Speaker, with this legislation we honor a man who has been a fixture in Massachusetts politics for over 40 years.

Joseph Early was born and raised in Worcester and attended the College of Holy Cross. Early was the captain of the Holy Cross Crusaders basketball squad that won the 1954 National Invitational Tournament, at that time the

major tournament in America, I might point out.

After college he served in the United States Navy before returning to Worcester to teach and coach basketball. Early began his long career of service to the people of Worcester in 1962 when he was elected to the Massachusetts State House. He served until his election to the U.S. House of Representatives in 1974. He served in this body until 1993.

Here in the House Mr. Early sat on the Committee on Appropriations and tirelessly but quietly advocated the causes important to himself and to his constituents. His stewardship of the National Institutes of Health is especially noteworthy and undoubtedly resulted in many medical advances.

Mr. Speaker, I urge the adoption of H.R. 5333.

Mr. Speaker, I reserve the balance of my time.

Mr. TIERNEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this is, in fact, a bill that was presented by the gentleman from Massachusetts (Mr. MCGOVERN) and cosponsored by all of the Members from that delegation.

Mr. Early has, in fact, served a distinguished career in Massachusetts. It was mentioned by my colleague from Utah (Mr. CANNON), he was a Worcester, Massachusetts native, born in 1933. He went through the schools in Worcester and the College of the Holy Cross. He graduated from there in 1955. He served in the United States Navy and after that was a teacher and a coach. He has been a member of the Massachusetts House. He was a staunch Democrat. He was also a delegate to many conventions and elected to this House in the 94th Congress and served in eight successive Congresses after that.

Mr. Speaker, I yield such time as he may consume to the gentleman from Massachusetts (Mr. MCGOVERN).

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman for yielding me time, and I want to also thank him for his assistance in moving this measure forward. As well, I want to thank the gentleman from Utah (Mr. CANNON) for his kind words.

Mr. Speaker, today citizens across the Commonwealth of Massachusetts are going to the polls to cast their votes in the State's primary election. It is certainly fitting that on this same day, the House of Representatives votes to honor one of Massachusetts' long-serving and distinguished Members of Congress, Joseph D. Early.

I am proud to be joined by the entire Massachusetts delegation in expressing unanimous support for H.R. 5333, a bill to designate a facility of the U.S. Postal Service in Worcester, Massachusetts, as the Joseph D. Early Post Office Building.

As both a predecessor of mine in Congress and as a cherished friend, I am proud to have sponsored this legislation which will properly honor Joe Early with a Federal building to bear his name.

Mr. Speaker, Joe Early is undeniably one of the City of Worcester's favorite sons. Long before the Jesse Burkett Little League team of this year, Joe Early brought national prominence to the City of Worcester as cocaptain of the Holy Cross College basketball team that won the 1954 National Invitational Tournament. The same tenacity Joe regularly demonstrated on the hardwood later proved to be the hallmark of a remarkable career in public service.

First elected to the Massachusetts House of Representatives in 1962, Joe rose through the ranks to ultimately become Vice Chairman of the House Ways and Means Committee. In the legislature, Joe earned a reputation as a forceful advocate for social programs and a staunch supporter of organized labor. This unwavering commitment to New Deal principles remained firmly intact when Joe Early arrived as a newly elected Member of Congress in 1975.

As a Member of the House Committee on Appropriations, Joe continued to fight doggedly for funding for education, health care and social services. Senior citizens, most notably the frail elderly, never had a more loyal friend or passionate ally in their struggle to retain health care benefits in the late 1980s than Joe Early. In an era of shrinking domestic spending, Joe repeatedly cautioned his colleagues to not forsake our priorities at home.

He was the guardian at the gate for medical research funding, and the National Institutes of Health in particular benefitted greatly from his vigilance on the Subcommittee on Labor, Health and Human Services and Education of the Committee on Appropriations.

Many of the recent advances in the treatment of chronic disease can be attributed in no small measure to Joe's steadfast support of the NIH. Today, people here and around the world live healthier lives because of Joe Early; and while he may not be a household name, he will forever be remembered within the medical research community as a true champion of their cause.

Joe's persistent work in his committee was rivaled only by a fierce devotion to his constituents at home. There are countless untold stories of the assistance performed by Joe on behalf of a family in need. No problem was too big and no person was too small to receive the personal attention and intervention of Congressman Early.

Joe's constituent service was renowned as was his relentless pursuit of funding for the Third District of Massachusetts. The University of Massachusetts Medical School stands as only one shining example of Joe Early's tireless efforts to ensure his district receive its fair share.

Mr. Speaker, in our business there are show horses and there are work horses. Joe Early was the consummate work horse. He never sought the glory

of the spotlight or rushed to grab a headline. Joe was content to let others receive the credit while he worked quietly and effectively on the issues and for the constituents he cared so deeply about. In that respect, Joe Early is very much like the district he represented for 18 years. In fact, it has been said that Joe Early did not represent his beloved City of Worcester as much as he personified its three-decker homes and blue-collar work ethic.

Mr. Speaker, in that spirit, we shall pass this legislation to name a post office building in Worcester for Congressman Joseph D. Early as a small tribute to a great man who humbly and selflessly has given so much of his life in service to others.

Mr. Speaker, I want to thank my colleague from Massachusetts (Mr. TIERNEY) for his generosity in yielding me time and for his leadership on this issue.

Mr. TIERNEY. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. CANNON. Mr. Speaker, I urge the adoption of this measure.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Utah (Mr. CANNON) that the House suspend the rules and pass the bill, H.R. 5333.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. CANNON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1500

DEPARTMENT OF VETERANS AFFAIRS EMERGENCY PREPAREDNESS ACT OF 2002

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 526) providing for the concurrence by the House with an amendment in the amendments of the Senate to H.R. 3253.

The Clerk read as follows:

H. RES. 526

Resolved, That, upon the adoption of this resolution, the House shall be considered to have taken from the Speaker's table the bill H.R. 3253, with the Senate amendments thereto, and to have concurred in the Senate amendment to the title of the bill and to have concurred in the Senate amendment to the text of the bill with the following amendment:

In lieu of the matter proposed to be inserted by the amendment of the Senate to the text of the bill, insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Department of Veterans Affairs Emergency Preparedness Act of 2002".

SEC. 2. ESTABLISHMENT OF MEDICAL EMERGENCY PREPAREDNESS CENTERS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS.

(a) IN GENERAL.—(1) Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 7325. Medical emergency preparedness centers

“(a) ESTABLISHMENT OF CENTERS.—(1) The Secretary shall establish four medical emergency preparedness centers in accordance with this section. Each such center shall be established at a Department medical center and shall be staffed by Department employees.

“(2) The Under Secretary for Health shall be responsible for supervising the operation of the centers established under this section. The Under Secretary shall provide for ongoing evaluation of the centers and their compliance with the requirements of this section.

“(3) The Under Secretary shall carry out the Under Secretary's functions under paragraph (2) in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.

“(b) MISSION.—The mission of the centers shall be as follows:

“(1) To carry out research on, and to develop methods of detection, diagnosis, prevention, and treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, incendiary or other explosive weapons or devices posing threats to the public health and safety.

“(2) To provide education, training, and advice to health care professionals, including health care professionals outside the Veterans Health Administration, through the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh-11(b)) or through interagency agreements entered into by the Secretary for that purpose.

“(3) In the event of a disaster or emergency referred to in section 1785(b) of this title, to provide such laboratory, epidemiological, medical, or other assistance as the Secretary considers appropriate to Federal, State, and local health care agencies and personnel involved in or responding to the disaster or emergency.

“(c) SELECTION OF CENTERS.—(1) The Secretary shall select the sites for the centers on the basis of a competitive selection process. The Secretary may not designate a site as a location for a center under this section unless the Secretary makes a finding under paragraph (2) with respect to the proposal for the designation of such site. To the maximum extent practicable, the Secretary shall ensure the geographic dispersal of the sites throughout the United States. Any such center may be a consortium of efforts of more than one medical center.

“(2) A finding by the Secretary referred to in paragraph (1) with respect to a proposal for designation of a site as a location of a center under this section is a finding by the Secretary, upon the recommendations of the Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, security, and law enforcement functions, that the facility or facilities submitting the proposal have developed (or may reasonably be anticipated to develop) each of the following:

“(A) An arrangement with a qualifying medical school and a qualifying school of public health (or a consortium of such schools) under which physicians and other persons in the health field receive education and training through the participating De-

partment medical facilities so as to provide those persons with training in the detection, diagnosis, prevention, and treatment of injuries, diseases, and illnesses induced by exposures to chemical and biological substances, radiation, and incendiary or other explosive weapons or devices.

“(B) An arrangement with a graduate school specializing in epidemiology under which students receive education and training in epidemiology through the participating Department facilities so as to provide such students with training in the epidemiology of contagious and infectious diseases and chemical and radiation poisoning in an exposed population.

“(C) An arrangement under which nursing, social work, counseling, or allied health personnel and students receive training and education in recognizing and caring for conditions associated with exposures to toxins through the participating Department facilities.

“(D) The ability to attract scientists who have made significant contributions to the development of innovative approaches to the detection, diagnosis, prevention, or treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, incendiary or other explosive weapons or devices posing threats to the public health and safety.

“(3) For purposes of paragraph (2)(A)—

“(A) a qualifying medical school is an accredited medical school that provides education and training in toxicology and environmental health hazards and with which one or more of the participating Department medical centers is affiliated; and

“(B) a qualifying school of public health is an accredited school of public health that provides education and training in toxicology and environmental health hazards and with which one or more of the participating Department medical centers is affiliated.

“(d) RESEARCH ACTIVITIES.—Each center shall conduct research on improved medical preparedness to protect the Nation from threats in the area of that center's expertise. Each center may seek research funds from public and private sources for such purpose.

“(e) DISSEMINATION OF RESEARCH PRODUCTS.—(1) The Under Secretary for Health and the Assistant Secretary with responsibility for operations, preparedness, security, and law enforcement functions shall ensure that information produced by the research, education and training, and clinical activities of centers established under this section is made available, as appropriate, to health-care providers in the United States. Dissemination of such information shall be made through publications, through programs of continuing medical and related education provided through regional medical education centers under subchapter VI of chapter 74 of this title, and through other means. Such programs of continuing medical education shall receive priority in the award of funding.

“(2) The Secretary shall ensure that the work of the centers is conducted in close coordination with other Federal departments and agencies and that research products or other information of the centers shall be coordinated and shared with other Federal departments and agencies.

“(f) COORDINATION OF ACTIVITIES.—The Secretary shall take appropriate actions to ensure that the work of each center is carried out—

“(1) in close coordination with the Department of Defense, the Department of Health and Human Services, and other departments, agencies, and elements of the Government charged with coordination of plans for United States homeland security; and

“(2) after taking into consideration applicable recommendations of the working group on the prevention, preparedness, and response to bioterrorism and other public health emergencies established under section 319F(a) of the Public Health Service Act (42 U.S.C. 247d-6(a)) or any other joint inter-agency advisory group or committee designated by the President or the President's designee to coordinate Federal research on weapons of mass destruction.

“(g) ASSISTANCE TO OTHER AGENCIES.—The Secretary may provide assistance requested by appropriate Federal, State, and local civil and criminal authorities in investigations, inquiries, and data analyses as necessary to protect the public safety and prevent or obviate biological, chemical, or radiological threats.

“(h) DETAIL OF EMPLOYEES FROM OTHER AGENCIES.—Upon approval by the Secretary, the Director of a center may request the temporary assignment or detail to the center, on a nonreimbursable basis, of employees from other departments and agencies of the United States who have expertise that would further the mission of the center. Any such employee may be so assigned or detailed on a nonreimbursable basis pursuant to such a request.

“(i) FUNDING.—(1) Amounts appropriated for the activities of the centers under this section shall be appropriated separately from amounts appropriated for the Department for medical care.

“(2) In addition to funds appropriated for a fiscal year specifically for the activities of the centers pursuant to paragraph (1), the Under Secretary for Health shall allocate to such centers from other funds appropriated for that fiscal year generally for the Department medical care account and the Department medical and prosthetics research account such amounts as the Under Secretary determines appropriate to carry out the purposes of this section. Any determination by the Under Secretary under the preceding sentence shall be made in consultation with the Assistant Secretary with responsibility for operations, preparedness, security, and law enforcement functions.

“(3) There are authorized to be appropriated for the centers under this section \$20,000,000 for each of fiscal years 2003 through 2007.”

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7324 the following new item:

“7325. Medical emergency preparedness centers.”

(b) PEER REVIEW FOR DESIGNATION OF CENTERS.—(1) In order to assist the Secretary of Veterans Affairs and the Under Secretary of Veterans Affairs for Health in selecting sites for centers under section 7325 of title 38, United States Code, as added by subsection (a), the Under Secretary shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the designation of such centers. The peer review panel shall be established in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.

(2) The peer review panel shall include experts in the fields of toxicological research, infectious diseases, radiology, clinical care of patients exposed to such hazards, and other persons as determined appropriate by the Secretary. Members of the panel shall serve as consultants to the Department of Veterans Affairs.

(3) The panel shall review each proposal submitted to the panel by the officials referred to in paragraph (1) and shall submit to

the Under Secretary for Health its views on the relative scientific and clinical merit of each such proposal. The panel shall specifically determine with respect to each such proposal whether that proposal is among those proposals which have met the highest competitive standards of scientific and clinical merit.

(4) The panel shall not be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

SEC. 3. EDUCATION AND TRAINING PROGRAMS ON MEDICAL RESPONSES TO CONSEQUENCES OF TERRORIST ACTIVITIES.

(a) IN GENERAL.—(1) Subchapter II of chapter 73 of title 38, United States Code, is amended by adding after section 7325, as added by section 2(a)(1), the following new section:

“§ 7326. Education and training programs on medical response to consequences of terrorist activities

“(a) EDUCATION PROGRAM.—The Secretary shall carry out a program to develop and disseminate a series of model education and training programs on the medical responses to the consequences of terrorist activities.

“(b) IMPLEMENTING OFFICIAL.—The program shall be carried out through the Under Secretary for Health, in consultation with the Assistant Secretary of Veterans Affairs with responsibility for operations, preparedness, security, and law enforcement functions.

“(c) CONTENT OF PROGRAMS.—The education and training programs developed under the program shall be modeled after programs established at the F. Edward Hebert School of Medicine of the Uniformed Services University of the Health Sciences and shall include, at a minimum, training for health care professionals in the following:

“(1) Recognition of chemical, biological, radiological, incendiary, or other explosive agents, weapons, or devices that may be used in terrorist activities.

“(2) Identification of the potential symptoms of exposure to those agents.

“(3) Understanding of the potential long-term health consequences, including psychological effects, resulting from exposure to those agents, weapons, or devices.

“(4) Emergency treatment for exposure to those agents, weapons, or devices.

“(5) An appropriate course of followup treatment, supportive care, and referral.

“(6) Actions that can be taken while providing care for exposure to those agents, weapons, or devices to protect against contamination, injury, or other hazards from such exposure.

“(7) Information on how to seek consultative support and to report suspected or actual use of those agents.

“(d) POTENTIAL TRAINEES.—In designing the education and training programs under this section, the Secretary shall ensure that different programs are designed for health-care professionals in Department medical centers. The programs shall be designed to be disseminated to health professions students, graduate health and medical education trainees, and health practitioners in a variety of fields.

“(e) CONSULTATION.—In establishing education and training programs under this section, the Secretary shall consult with appropriate representatives of accrediting, certifying, and coordinating organizations in the field of health professions education.”.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7325, as added by section 2(a)(2), the following new item:

“7326. Education and training programs on medical response to consequences of terrorist activities.”.

(b) EFFECTIVE DATE.—The Secretary of Veterans Affairs shall implement section 7326 of title 38, United States Code, as added by subsection (a), not later than the end of the 90-day period beginning on the date of the enactment of this Act.

SEC. 4. AUTHORITY TO FURNISH HEALTH CARE DURING MAJOR DISASTERS AND MEDICAL EMERGENCIES.

(a) IN GENERAL.—(1) Subchapter VIII of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 1785. Care and services during certain disasters and emergencies

“(a) AUTHORITY TO PROVIDE HOSPITAL CARE AND MEDICAL SERVICES.—During and immediately following a disaster or emergency referred to in subsection (b), the Secretary may furnish hospital care and medical services to individuals responding to, involved in, or otherwise affected by that disaster or emergency.

“(b) COVERED DISASTERS AND EMERGENCIES.—A disaster or emergency referred to in this subsection is any disaster or emergency as follows:

“(1) A major disaster or emergency declared by the President under the Robert B. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

“(2) A disaster or emergency in which the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11(b)) is activated by the Secretary of Health and Human Services under paragraph (3)(A) of that section or as otherwise authorized by law.

“(c) APPLICABILITY TO ELIGIBLE INDIVIDUALS WHO ARE VETERANS.—The Secretary may furnish care and services under this section to an individual described in subsection (a) who is a veteran without regard to whether that individual is enrolled in the system of patient enrollment under section 1705 of this title.

“(d) REIMBURSEMENT FROM OTHER FEDERAL DEPARTMENTS AND AGENCIES.—(1) The cost of any care or services furnished under this section to an officer or employee of a department or agency of the United States other than the Department or to a member of the Armed Forces shall be reimbursed at such rates as may be agreed upon by the Secretary and the head of such department or agency or the Secretary concerned, in the case of a member of the Armed Forces, based on the cost of the care or service furnished.

“(2) Amounts received by the Department under this subsection shall be credited to the Medical Care Collections Fund under section 1729A of this title.

“(e) REPORT TO CONGRESSIONAL COMMITTEES.—Within 60 days of the commencement of a disaster or emergency referred to in subsection (b) in which the Secretary furnishes care and services under this section (or as soon thereafter as is practicable), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the Secretary's allocation of facilities and personnel in order to furnish such care and services.

“(f) REGULATIONS.—The Secretary shall prescribe regulations governing the exercise of the authority of the Secretary under this section.”.

(2) The table of sections at the beginning of that chapter is amended by adding at the end the following new item:

“1785. Care and services during certain disasters and emergencies.”.

(b) MEMBERS OF THE ARMED FORCES ON ACTIVE DUTY.—Section 8111A(a) of such title is amended—

(1) by redesignating paragraph (2) as paragraph (4);

(2) by designating the second sentence of paragraph (1) as paragraph (3); and

(3) by inserting between paragraph (1) and paragraph (3), as designated by paragraph (2) of this subsection, the following new paragraph:

“(2)(A) During and immediately following a disaster or emergency referred to in subparagraph (B), the Secretary may furnish hospital care and medical services to members of the Armed Forces on active duty responding to or involved in that disaster or emergency.

“(B) A disaster or emergency referred to in this subparagraph is any disaster or emergency as follows:

“(i) A major disaster or emergency declared by the President under the Robert B. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.).

“(ii) A disaster or emergency in which the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh–11(b)) is activated by the Secretary of Health and Human Services under paragraph (3)(A) of that section or as otherwise authorized by law.”.

SEC. 5. 10-YEAR EXTENSION OF EXPIRED AUTHORITY.

Effective September 30, 2002, subsection (d) of section 1722A of title 38, United States Code, is amended by striking “September 30, 2002” and inserting “September 30, 2012”.

SEC. 6. INCREASE IN NUMBER OF ASSISTANT SECRETARIES OF VETERANS AFFAIRS.

(a) INCREASE.—Subsection (a) of section 308 of title 38, United States Code, is amended by striking “six” in the first sentence and inserting “seven”.

(b) FUNCTIONS.—Subsection (b) of such section is amended by adding at the end the following new paragraph:

“(11) Operations, preparedness, security, and law enforcement functions.”.

(c) NUMBER OF DEPUTY ASSISTANT SECRETARIES.—Subsection (d)(1) of such section is amended by striking “18” and inserting “19”.

(d) CONFORMING AMENDMENT.—Section 5315 of title 5, United States Code, is amended by striking “(6)” after “Assistant Secretaries, Department of Veterans Affairs” and inserting “(7)”.

SEC. 7. CODIFICATION OF DUTIES OF SECRETARY OF VETERANS AFFAIRS RELATING TO EMERGENCY PREPAREDNESS.

(a) IN GENERAL.—(1) Subchapter I of chapter 81 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 8117. Emergency preparedness

“(a) READINESS OF DEPARTMENT MEDICAL CENTERS.—(1) The Secretary shall take appropriate actions to provide for the readiness of Department medical centers to protect the patients and staff of such centers from chemical or biological attack or otherwise to respond to such an attack so as to enable such centers to fulfill their obligations as part of the Federal response to public health emergencies.

“(2) Actions under paragraph (1) shall include—

“(A) the provision of decontamination equipment and personal protection equipment at Department medical centers; and

“(B) the provision of training in the use of such equipment to staff of such centers.

“(b) SECURITY AT DEPARTMENT MEDICAL AND RESEARCH FACILITIES.—(1) The Secretary shall take appropriate actions to provide for

the security of Department medical centers and research facilities, including staff and patients at such centers and facilities.

“(2) In taking actions under paragraph (1), the Secretary shall take into account the results of the evaluation of the security needs at Department medical centers and research facilities required by section 154(b)(1) of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188; 116 Stat. 631), including the results of such evaluation relating to the following needs:

“(A) Needs for the protection of patients and medical staff during emergencies, including a chemical or biological attack or other terrorist attack.

“(B) Needs, if any, for screening personnel engaged in research relating to biological pathogens or agents, including work associated with such research.

“(C) Needs for securing laboratories or other facilities engaged in research relating to biological pathogens or agents.

“(c) TRACKING OF PHARMACEUTICALS AND MEDICAL SUPPLIES AND EQUIPMENT.—The Secretary shall develop and maintain a centralized system for tracking the current location and availability of pharmaceuticals, medical supplies, and medical equipment throughout the Department health care system in order to permit the ready identification and utilization of such pharmaceuticals, supplies, and equipment for a variety of purposes, including response to a chemical or biological attack or other terrorist attack.

“(d) TRAINING.—The Secretary shall ensure that the Department medical centers, in consultation with the accredited medical school affiliates of such medical centers, develop and implement curricula to train resident physicians and health care personnel in medical matters relating to biological, chemical, or radiological attacks or attacks from an incendiary or other explosive weapon.

“(e) PARTICIPATION IN NATIONAL DISASTER MEDICAL SYSTEM.—(1) The Secretary shall establish and maintain a training program to facilitate the participation of the staff of Department medical centers, and of the community partners of such centers, in the National Disaster Medical System established pursuant to section 2811(b) of the Public Health Service Act (42 U.S.C. 300hh-11(b)).

“(2) The Secretary shall establish and maintain the training program under paragraph (1) in accordance with the recommendations of the working group on the prevention, preparedness, and response to bioterrorism and other public health emergencies established under section 319F(a) of the Public Health Service Act (42 U.S.C. 247d-6(a)).

“(3) The Secretary shall establish and maintain the training program under paragraph (1) in consultation with the following:

“(A) The Secretary of Defense.

“(B) The Secretary of Health and Human Services.

“(C) The Director of the Federal Emergency Management Agency.

“(f) MENTAL HEALTH COUNSELING.—(1) With respect to activities conducted by personnel serving at Department medical centers, the Secretary shall develop and maintain various strategies for providing mental health counseling and assistance, including counseling and assistance for post-traumatic stress disorder, following a bioterrorist attack or other public health emergency to the following persons:

“(A) Veterans.

“(B) Local and community emergency response providers.

“(C) Active duty military personnel.

“(D) Individuals seeking care at Department medical centers.

“(2) The strategies under paragraph (1) shall include the following:

“(A) Training and certification of providers of mental health counseling and assistance.

“(B) Mechanisms for coordinating the provision of mental health counseling and assistance to emergency response providers referred to in paragraph (1).

“(3) The Secretary shall develop and maintain the strategies under paragraph (1) in consultation with the Secretary of Health and Human Services, the American Red Cross, and the working group referred to in subsection (e)(2).”.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 8116 the following new item:

“8117. Emergency preparedness.”.

(b) REPEAL OF CODIFIED PROVISIONS.—Subsections (a), (b)(2), (c), (d), (e), and (f) of section 154 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188; 38 U.S.C. note prec. 8101) are repealed.

(c) CONFORMING AMENDMENTS.—Subsection (g) of such section is amended—

(1) in paragraph (1), by inserting “of section 8117 of title 38, United States Code” after “subsection (a)”;

(2) in paragraph (2), by striking “subsections (b) through (f)” and inserting “subsection (b)(1) of this section and subsections (b) through (f) of section 8117 of title 38, United States Code”.

The SPEAKER pro tempore (Mr. BOOZMAN). Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am very pleased to bring to the floor legislation that I introduced almost a year ago to respond to the diabolical terrorist attacks of September 11 and the anthrax attacks that followed.

The legislation, H.R. 3253, as amended, the Department of Veterans Affairs Emergency Preparedness Act of 2002, provides the Federal Government with another tool to prevent or, if necessary, respond to future acts of terrorism against the United States. This legislation is designed to mobilize the underappreciated strength of the VA health care infrastructure in defending our Nation against future acts of terrorism.

Although it may come as a surprise to many, the Department of Veterans Affairs operates our Nation's largest integrated health care network, with over 200,000 health care practitioners, 163 medical centers, more than 800 outpatient clinics, 115 medical research programs, affiliations with over 100 schools of medicine, and a \$25 billion annual budget including over \$1 billion for research programs.

The VA health care system must, Madam Speaker, be an integral component of any homeland security strategy. In fact, the VA already does have defined roles in both the National Disaster Medical System and the Federal Response Plan in the event of national emergencies.

Among the VA's current specialized duties are, one, conducting and evaluating disaster and terrorist attack simulation exercises; second, managing the Nation's stockpile of drugs to counter the effects of chemical and biological poisons; third, maintaining a rapid response team for radioactive releases; and, fourth, training public and private NDMS medical center personnel around the country in properly responding to biological, chemical, or radiological disasters.

H.R. 3253 was developed in order to apply the existing experience and expertise in the VA's health care research programs as a defensive tool in the war on terrorism.

Madam Speaker, I know from my own experience with the anthrax attacks last October, which hit my own district and hit it hard in central New Jersey in Hamilton Township, putting thousands of dedicated postal workers and the public as well at risk, that we need to move very quickly, develop new tests and new treatments for anthrax and scores of other biological and dangerous chemical agents and radiological weapons that might be employed by terrorists.

When anthrax was discovered in the Hamilton Post Office, I was astounded to discover that there were no existing protocols to test, quarantine, or treat victims. The confusion that emanated, the fog, if my colleagues will, that followed the discovery of anthrax made a bad situation even worse. I saw it over and over again, well-intentioned experts from the departments of health, State and Federal, CDC and the like were flying by the seat of their collective pants. Far too many pertinent questions were not answered and were not answered with scientific or any kind of precision.

It was during that crisis, frankly, that I thought that we needed to develop a new policy that would establish protocols which would try to deal with the details before the unthinkable, which now had become thinkable, actually happened; and that was the genesis of this legislation.

H.R. 3253, we believe, will marshal some of our Nation's best and brightest scientists in a focused effort to develop new protocols for testing, vaccinating, and treating our citizens who may be victims of biological, chemical, or radiological terrorism.

Madam Speaker, the House previously approved H.R. 3253, as amended, on May 20. I am very grateful that the Senate passed an amended bill on August 1. The bill before us today represents the compromise language agreed to after discussions and negotiations between the House and the Senate Committees on Veterans' Affairs.

As amended, H.R. 3253 will authorize the VA to establish four National Medical Preparedness Centers. These centers would undertake research and develop new protocols for detecting, diagnosing, vaccinating, and treating potential victims of terrorism. In particular, the centers would focus on

ways to prevent and treat victims of biological, chemical, and radiological or explosive terrorist acts.

The new centers would conduct direct research and coordinate ongoing and promising new research with affiliated universities and other government agencies. These centers would serve as training resources for thousands of community hospital staffs; hazardous materials, HAZMAT teams; emergency medical technicians, EMTs; and firefighters and police officers, who must be the first medical responders in the event of terrorist attacks.

The emergency preparedness centers would also be charged with establishing state-of-the-art laboratories to help local health officials detect the presence of dangerous biological and chemical poisons.

The funding to support these centers would come from the additional funds provided for combating terrorism and would not use or otherwise reduce funding for veterans' health care.

Under the compromise agreement reached with the Senate, VA's authority to provide emergency medical treatment would be expanded to include first responders, other Federal agencies, veterans not enrolled in the VA health care system, active duty service members, and others receiving VA care in declared domestic emergencies. Reimbursements collected for the cost of care, whether coming from FEMA, the Department of Defense, or an insurance company, would be credited to the VA's Medical Care Collections Fund, the same as in other VA collection efforts.

In addition, a new Assistant Secretary for preparedness security and law enforcement would be established at the VA.

Finally, Madam Speaker, the compromise bill would codify in title 38 of the U.S. Code various provisions from Public Law 107-188, the "Public Health Security and Bioterrorism Preparedness and Response Act of 2002," that pertain to the Department of Veterans Affairs.

Madam Speaker, as we pass the 1-year anniversary of 9-11 and the subsequent anthrax attacks, we are all thankful that no additional acts of terror have been carried out against the United States. However, there can be no doubt that serious dangers and threats remain. Our government must remain vigilant in defending and protecting our citizens from every threat, of any kind, and H.R. 3253 is another step towards homeland security. I urge all Members to support this legislation.

The House amendment to the Senate amendments to H.R. 3253 reflects a Compromise Agreement that the House and Senate Committees on Veterans' Affairs have reached on H.R. 3253 and S. 2132. H.R. 3253 (hereinafter known as the "House bill") passed the House on May 20, 2002. The Senate considered S. 2132 (hereinafter known as the "Senate bill") on August 1, 2002. This measure was incorporated in H.R. 3253 as an amendment and passed the Senate by unanimous consent on August 1, 2002.

The House and Senate Committees on Veterans' Affairs have prepared the following explanations of H.R. 3253, as amended (hereinafter referred to as the "Compromise Agreement"). Differences between the preparedness provisions contained in the Compromise Agreement and the related provisions of H.R. 3253 and S. 2132 are noted in this document, except for clerical corrections, conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

SHORT TITLE

CURRENT LAW—Public Law 105-368, the "Veterans Programs Enhancement Act of 1998," charged Department of Veterans Affairs (VA) to investigate potential long-term health effects of biological and chemical warfare agents. Under current law, the VA does not possess specific authority to establish centers dedicated to research, education, and training activities related to managing the health consequences of terrorist use of weapons of mass destruction.

HOUSE BILL—Section 1 of H.R. 3253 provides that the short title of the bill is the "Department of Veterans Affairs Emergency Preparedness Research, Education, and Bio-Terrorism Prevention Act of 2002".

SENATE BILL—Section 1 of S. 2132 provides that the short title of the bill is the "Department of Veterans Affairs Emergency Preparedness Act of 2002".

COMPROMISE AGREEMENT—Section 1 of the Compromise Agreement would adopt the Senate language.

ESTABLISHMENT OF MEDICAL EMERGENCY PREPAREDNESS RESEARCH CENTERS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS

CURRENT LAW—No provision.

HOUSE BILL—Section 2(a) of H.R. 3253 would amend Chapter 73 of title 38, United States Code, by establishing a new section 7325.

Subsection (a) of section 7325 of title 38, United States Code, would require the Secretary of Veterans Affairs to establish at least four national medical emergency preparedness centers at existing VA medical centers, to be staffed with department employees. The Under Secretary for Health, in consultation with the assistant secretary for operations, preparedness, and security, would be responsible for supervising and evaluating the operation of these centers.

Proposed section 7325(b) of title 38, United States Code, would define the centers' threefold mission as follows: (1) to a conduct research and development into "detection, diagnosis, vaccination, protection, and treatment for chemical, biological and radiological threats;" (2) to provide education, training, and expert advice to department and community health-care practitioners; and (3) to provide "contingent rapid response laboratory assistance" to local health-care authorities during national emergencies. The House bill would specify that at least one center concentrate solely on biological threats, one on chemical threats, and one on radiological threats to public health and safety.

Proposed section 7325(c) of title 38, United States Code, would define qualifications for center directors, and section 7325(d) would direct the Secretary to designate sites through a competitive selection process. Proposed section 7325(g) would establish a consulting peer-review panel, including experts in relevant fields, to assist the Under Secretary for Health in evaluating the scientific and clinical merits to proposals and offering recommendations concerning site designations for the four centers.

Paragraph 2 of proposed section 7325(d) of title 38, United States Code, would require that a candidate site demonstrate the ability to attract qualified scientists; develop arrangements with at least one accredited, affiliated school of medicine and school of public health; be affiliated with a graduate program in epidemiology; and offer training and education programs for nursing, social work, counseling, and/or other allied health personnel.

Subsection (e) of the proposed section 7325 of title 38, United States Code, would authorize to be appropriated \$20 million for each of fiscal years 2003-2007, and would authorize the Under Secretary for Health to expend Medical Care funds as appropriate for the support of such centers, in coordination with the assistant secretary with responsibility for operations, preparedness, and security. Subsection (f) of the proposed section 7325 would authorize each center to seek other public or private research funds to fulfill its research mission.

Proposed section 7325(h) of title 38, United States Code, would require that VA make the centers' findings available to health-care providers in the United States through publications and medical education programs, and that research programs be coordinated and shared with other Federal departments and agencies. The House bill would authorize the Department to assist Federal, State, and local civil and criminal authorities upon request to deal with biological, chemical, or radiological threats. Proposed subsection (j) of section 7325 would authorize details on a non-reimbursable basis of other Federal employees to assist the centers in accomplishing center missions.

SENATE BILL—Section 101 in the Senate bill would add section 7320A to title 38, United States Code.

Proposed section 7320A in the Senate bill would establish four centers to carry out research on "the detection, diagnosis, prevention, and treatment of injuries, diseases, and illnesses arising from the use of chemical, biological, radiological, or incendiary or other explosive weapons or devices." This section would require that centers provide education and training to VA health-care professionals, and to non-VA professionals at the direction of the Secretary through the National Disaster Medical System (hereinafter "NDMS") or other interagency agreements. This section would also authorize the Secretary to provide appropriate "laboratory, epidemiological, medical, or other assistance" to Federal, State, and local health-care agencies and personnel involved in or responding to a national emergency. The Senate bill would not assign specific areas of research to single centers.

The Senate bill would require that the Secretary designate centers after peer review of competitive proposals submitted by existing qualified VA medical centers. The Senate bill would require the same qualifications as the House bill, but would require geographic dispersal "to the maximum extent practicable."

The Senate bill would require the offices responsible for directing research and medical emergency preparedness to administer the centers. This section would require those offices to work in close coordination with the Departments of Defense and Health and Human Services, the Office of Homeland Security, and other agencies, interagency working groups, or committees charged with coordinating Federal research into the response to casualties caused by terrorist use of weapons of mass destruction.

Subsection (e) of proposed section 7320A would require that centers be staffed by VA employees or employees detailed from other Federal agencies, on a non-reimbursable basis.

Proposed section (f) section 7320A would authorize the Secretary to provide assistance to Federal, State, and local agencies engaged in investigations or inquiries to protect against threats posed by terrorist use of weapons of mass destruction. Proposed section 7320A(g) would authorize the centers to seek grants from outside sources, and would authorize to be appropriated \$20 million for each of fiscal years 2003-2007.

COMPROMISE AGREEMENT—The Compromise Agreement would incorporate the Senate provisions in proposed section 7325 of title 38, United States Code, authorizing a total of four medical emergency preparedness centers, dispersed geographically to the maximum extent practicable. The Committees intend for VA to select sites based upon the strength of existing resources and scientific merit of the proposals; although regional distribution of these centers would be encouraged, predicted research productivity should be paramount in designating sites.

The proposed section 7325(a) of title 38, United States Code, would follow the House bill assigning responsibility for operation and supervision of the centers to the Under Secretary for Health, in consultation with the assistant secretary with responsibility for operations, preparedness, security, and law enforcement. The Compromise Agreement would not include House language defining qualifications for center directors. The centers would be situated organizationally within the Veterans Health Administration (VHA) and would report to the Under Secretary for Health. Nevertheless, the research products and educational tools arising from the work of the centers would link directly to the mission and function that the compromise Agreement would assign to the assistant secretary responsible for operations, preparedness, security and law enforcement. Thus, there would be a clearly defined line of accountability and coordination among the centers and the responsible departmental officials. This need is clearly acknowledged in the Compromise Agreement by the requirement to link the Under Secretary's decisions with regard to the operations of the centers to the work of the assistant secretary.

Proposed section 7325(b)(1) of title 38, United States Code, in the Compromise Agreement would follow the Senate language by substituting "prevention" for "vaccination and protection," and adding to the list of potential threats incendiary and other explosive sources. The Committees agree that contingency planning would include an all-hazards approach and acknowledge that strategies for mass casualty management overlap, irrespective of the particular nature of a terrorist attack or source of other mass-casualty disaster. The Compromise Agreement would not require individual centers to be dedicated to specific fields of study. Nevertheless, the Compromise Agreement would allow the Department to pursue multiple approaches to the medical management of mass casualties. In exercising the authority, the Department could designate any, some, or none of the centers as lead agent for developing subject matter expertise in a particular focused research area dealing with bioterrorism.

Proposed section 7325(b)(2) of title 38, United States Code, would require centers to provide education, training, and advice to health-care professionals within VHA as proposed in both bills, but would follow the Senate language to specify that such training be provided to outside professionals and practitioners through the NDMS as authorized by Public Law 107-188, the "Public Health Security and Bioterrorism Preparedness and Response Act of 2002," or through specific interagency agreements executed for the

purpose. The committees intend that VA take steps to ensure that potentially valuable research findings and educational developments in medical emergency preparedness be translated from the centers into clinical practice as quickly as practicable, but that VA accomplish this task through channels established as part of VA's role in existing federal response partnerships and the evolving U.S. national homeland security policy.

Proposed section 7325(b)(3) of title 38, United States Code, would adapt language from both bills authorizing centers to provide such laboratory, epidemiological, medical, or other assistance as the Secretary considers appropriate to Federal, State, and local health-care agencies and personnel in the event of a disaster or emergency.

Proposed section 7325(c) of title 38, United States Code, would direct the Secretary to select sites for centers as delineated in language shared by both bills, following the House language that would require proposals for the designation of centers be coordinated between the United Secretary for Health and the assistant secretary for operations, preparedness, and security, and be subject to a scientific peer-review process. The Compromise Agreement would follow House language describing the composition of the peer-review panel, but would replace the term "bio-hazards management education and training" with the term "infectious diseases," in describing the types of expertise called for in such peer-review panel participation. The Compromise Agreement would also follow House language requiring that to be qualified, centers would need to develop an arrangement under which nursing, social work, counseling, or allied health personnel would receive training and education from the centers, in addition to other provisions shared by both bills.

Sections 7325(d) and (e) of title 38, United States Code, would adopt the House language on research activities and dissemination of research products. Section 7325(f) would follow the Senate language requiring that research be coordinated with departments, agencies, and working groups charged with coordinating Federal research into responses to weapons of mass destruction.

Proposed section 7325(i) of title 38, United States Code, in the Compromise Agreement, would follow House language on the authorization of appropriations to support the efforts of these centers.

EDUCATION AND TRAINING PROGRAMS ON MEDICAL RESPONSES TO CONSEQUENCES OF TERRORIST ACTIVITIES

HOUSE BILL—Section 3(a) of the House bill would amend chapter 73 of title 38, United States Code, by adding a new section 7326.

Section 7326(a), of title 38, United States Code, would require the Secretary of Veterans Affairs to develop and disseminate programs to educate and train health-care professionals to respond to the consequences of terrorist activities.

Proposed section 7326(b), of title 38, United States Code, would designate the Under Secretary for Health, in consultation with the assistance secretary responsible for operations, preparedness and security, as the implementing officials or entity.

Under section 7326(c), of title 38, United States Code, the education and training programs currently established at the F. Edward Hebert School of Medicine of the Uniformed Services University of the Health Sciences would provide baseline national curriculum and clinical protocols for training health-care professionals.

Section 7326(d), of title 38, United States Code, would require the education and training programs to cover the needs of health-care professionals at every level of learning and in a variety of fields.

Under section 7326(e), of title 38, United States Code, the Secretary would be required to consult with the accrediting, certifying and coordinating bodies representing the various fields of health professions' education.

Section 3(b), of the House bill would require the Secretaries to implement this section within 90 days of enactment.

SENATE BILL—The Senate bill contains no comparable provisions.

COMPROMISE AGREEMENT—Section 3 of the Compromise Agreement would follow the House language with one amendment requiring that programs be designed for health-care professionals "in Department medical centers."

AUTHORITY TO FURNISH HEALTH CARE DURING MAJOR DISASTERS AND MEDICAL EMERGENCIES

CURRENT LAW—Section 811A of title 38, United States Code, authorizes VA to serve as a supportive contingency health-care system to the Department of Defense, requiring VA to furnish hospital care, nursing home care, and medical services to members of the Armed Forces on active duty during and following a period of foreign war. This provision addresses the potential needs of post-deployment forces following an armed conflict abroad, when active-duty military casualties might quickly overwhelm available military treatment facility resources. Under section 1784 of title 38, United States Code, the Secretary is authorized to "furnish hospital care or medical services as a humanitarian service in emergency cases, but the Secretary shall charge for such care and services at rates prescribed by the Secretary." The authority of section 1784 addresses humanitarian care provided by the Department to non-veterans.

Neither provision authorizes VA to care for active-duty military casualties following a domestic disaster or conflict, a possibility that must be acknowledged following the terrorist attacks in New York and Washington on September 11, 2001. In addition, current law does not recognize VA's already considerable commitment to providing emergency care during disasters as part of the Federal Response Plan established under Executive Orders 12148 and 12656.

HOUSE BILL—The House bill contains no comparable provisions.

SENATE BILL—Section 301(a) of the Senate bill would add a new section 1785 to title 38, United States Code, to authorize the Secretary to furnish hospital care and medical services to individuals responding to, involved in, or otherwise affected by a declared major disaster or emergency, or following activation of the NDMS. Proposed section 1785(c) of title 38, United States Code, would allow VA to care for veterans during such a disaster without regard to enrollment required under section 1705 of title 38, United States Code. Proposed section 1785(d) of title 38, United States Code, would authorize the Secretary to give higher priority to furnishing care to individuals affected by disasters than to anyone except service-connected veterans and members of the Armed Forces receiving care under section 811A of title 38, United States Code. Proposed section 1785(e)(1) of title 38, United States Code, would authorize VA to be reimbursed for care furnished to an officer or employee of another Federal department or agency, with amounts credited in the Medical Care Collections Fund to the facility providing care. Under proposed section 1785(f) of title 38, United States Code, the Secretary would be required to report to the House and Senate Committees on Veterans' Affairs the volume of care furnished by VA under these provisions.

Section 301(b) of the Senate bill would amend title 38 of the United States Code,

section 1784, to provide an exception to the requirement that VA charge individuals for emergency care during a covered disaster or emergency.

Finally, the Senate bill would amend section 811A of title 38, United States Code, to authorize the Secretary to furnish hospital care or medical services to members of the Armed Forces on active duty in this country, whose need for care is related to their response to a covered disaster or national emergency.

COMPROMISE AGREEMENT—Section 4 of the compromise Agreement would follow the Senate language, but would amend it by striking references to priorities for furnishing care. Also, the Compromise Agreement would delete language that would have suspended VA charges for emergency care under section 1784 of title 38, United States Code, during disasters.

INCREASE IN NUMBER OF ASSISTANT SECRETARIES OF VETERANS AFFAIRS

CURRENT LAW—Section 308 of title 38, United States Code, currently authorizes six assistant secretaries of the Department of Veterans Affairs and 18 deputy assistant secretaries.

HOUSE BILL—Section 4 of the House bill would amend section 308 of title 38, United States Code, by increasing the number of authorized assistant secretaries to "seven" and would amend subsection (b) of that section by adding "operations, preparedness, security, and law enforcement functions" to currently authorized functions.

SENATE BILL—Section 201 of the Senate bill is identical to section 4 of the House bill. Section 202 of the Senate bill would amend section 308(d)(1) of title 38, United States Code, by increasing the number of authorized deputy assistant secretaries from 18 to 20.

COMPROMISE AGREEMENT—Sections 6(a) and (b) of the Compromise Agreement would follow identical provisions from both bills. Section 6(c) of the Compromise Agreement would increase the number of deputy assistant secretaries from 18 to 19. The Committees urge the Secretary to examine the deployment of existing deputy assistant secretaries to ensure that the Department is properly staffed with deputy assistant secretaries to fulfill its various functions and missions.

CODIFICATION OF DUTIES OF SECRETARY OF VETERANS AFFAIRS RELATING TO EMERGENCY PREPAREDNESS

CURRENT LAW—Section 154 of Public Law 107-188, the "Public Health Security and Bioterrorism Preparedness and Response Act of 2002," enacted on June 12, 2002, mandated a series of responsibilities for the Secretary of Veterans Affairs related to bioterrorism and other emergency preparedness functions.

HOUSE BILL—The House bill contains no comparable provisions.

SENATE BILL—The Senate bill contains no comparable provisions.

COMPROMISE AGREEMENT—The compromise Agreement is intended to codify authorities related to the Secretary's emergency preparedness duties, enacted in Public Law 107-188 into chapter 81 of title 38, United States Code.

The Compromise Agreement would add a new section 8117 to title 38, United States Code. Proposed section 8117(a) codifies the requirement that the Secretary provide for the readiness of VA medical centers against chemical or biological attacks in order to protect patients and staff and to fulfill other emergency response missions. Proposed section 8117(a)(2) codifies the requirement that these preparations include provision and training in the use of decontamination and personal protection equipment.

Proposed section 8117(b) of title 38, United States Code, would codify the requirement

that the Secretary provide for the security of VA medical and research facilities, taking into account the security evaluation required by section 154(b)(1) of Public Law 107-188.

Proposed section 8117(c) of title 38, United States Code, would codify the requirement that the Secretary develop and maintain a centralized system for tracking the location and availability of pharmaceuticals, medical supplies, and medical equipment throughout the VA's health-care system so that these items might be accessed quickly during disasters.

Proposed section 8117(d) of title 38, United States Code, would codify the requirement that the Secretary ensure that VA medical centers, in consultation with affiliated medical schools, take steps to train resident physicians and other health-care personnel in the potential medical consequences of a terrorist attack.

Proposed section 8117(e) of title 38, United States Code, would codify the requirement that the Secretary establish and maintain a training program for VA health-care professionals and their community partners in the NDMS, in accordance with recommendations of the bioterrorism preparedness working group established in title 42, United States Code, and in consultation with the other NDMS Federal partners.

Proposed section 8117(f) of title 38, United States Code, would codify the requirement that the Secretary develop and maintain strategies that would allow VA expert personnel to provide mental health assistance, including counseling and assistance for post-traumatic stress disorder, following a terrorist attack or other public health emergency. Such a strategy would be developed in consultation with the Secretary of Health and Human Services, the American Red Cross and the bioterrorism preparedness working group established in title 42, United States Code. The Secretary would be responsible for training and coordinating VA providers in the treatment of veterans, emergency responders, active-duty military personnel, or others seeking care at a VA medical center.

Madam Speaker, I reserve the balance of my time.

Mr. EVANS. Madam Speaker, I yield myself such time as I may consume.

I rise in strong support of the Veterans Affairs Emergency Preparedness Act, as amended. After the tragic events of September 11 last year, our chairman, the gentleman from New Jersey (Mr. SMITH), again demonstrated his leadership. Chairman SMITH introduced legislation authorizing an important role for the Department of the VA in our Nation's fight against terrorism. That is the primary purpose of this measure today.

It provides medical care to millions of veterans each year and conducts groundbreaking health care research, and it also provides educational opportunities to many of our Nation's health care providers.

The VA is truly an unparalleled national resource. This legislation provides the structure and the authority for the VA to leverage its expertise to combat terrorism. For the VA to achieve this goal, it must have adequate resources.

Today, the Veterans Affairs does not have enough resources. That is not my judgment, but it is the judgment of the

Task Force to Improve Health Care Delivery to Veterans established by President Bush. I call on the President to fully fund the VA. I ask him to provide all funding the VA needs to deliver timely, quality care to our veterans, today and tomorrow; provide the resources the VA needs to combat terrorism. And I thank the chairman once again for his leadership.

Madam Speaker, I reserve the balance of my time.

Mr. SMITH of New Jersey. Madam Speaker, I yield such time as he may consume to the gentleman from Kansas (Mr. MORAN), the distinguished chairman of the Subcommittee on Health.

Mr. MORAN of Kansas. Madam Speaker, since September 11, our Nation has been made to reevaluate every action we undertake. A year after the attacks on New York and in Washington and the plane crash in Pennsylvania, we are still at a heightened state of alert. What we once considered a safe Nation has now become a people concerned about security. The citizens of America are looking now, more than ever, to Congress and to the President for answers.

The legislation before us, H.R. 3253, would use the assets and expertise of the Department of Veterans Affairs to help protect the people of the United States from terrorists. Our government must be proactive in preparing the United States for future terrorist attacks. As Vice President CHENEY cautioned earlier this year, "The prospects of a future attack against the United States are almost certain." We must respond in a timely, effective and comprehensive manner to protect the American people when an attack occurs. This bill would help do just that.

Under this bill, four geographically separated National Medical Emergency Preparedness centers would be established. Each center would study and work toward solutions to health consequences that arise from exposure to chemical, biological, explosive, and nuclear substances used as weapons of mass destruction.

The VA is prepared to handle this new and important mission. In addition to its medical care mission to care for millions of American veterans, the veterans health care system is the Nation's largest health care provider of graduate medical education and a major contributor to biomedical and other scientific research. Because of this widely dispersed, integrated health care system, the VA can be, and has been in the past, an essential asset in responding to national emergencies.

Not only would the four special centers conduct research and develop methods of detection, diagnosis, prevention, and treatment; but they would also be charged with the dissemination of the latest information to other public and private health care providers, to improve the quality of care for patients who may be exposed to deadly chemicals, radiation, or other terrorist weapons of mass destruction.

This bill would also require the Secretary of Veterans Affairs to carry out a program to develop and disseminate model education and training programs on the medical responses to terrorist activities. The VA's infrastructure, which includes affiliation with over 107 medical schools, and other schools of health professions, would enable current and future medical professionals in this country to be knowledgeable and medically competent in the treatment of casualties from terrorist attacks. Our bill provides the VA a formal role in the national disaster medical system and authorizes the VA to treat first responders, active duty forces, firefighters, police officers and members of the general public that may be victims of terrorism or other mass casualty disasters.

With this bill, the VA health care professionals will be properly armed with information and education on bioterrorism response. Mechanisms will be put in place to study the likely avenues and methods of chemical, biological, and radiological poisoning; and the VA will be part of the rapid response by Federal, State, and local officials in types of emergencies that only a year ago we could scarcely imagine.

H.R. 3253 is a bipartisan and bicameral compromise; and, Madam Speaker, I urge my colleagues to support this effort in America's war on terrorism.

Mr. EVANS. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. SMITH of New Jersey. Madam Speaker, I yield myself such time as I may consume, and I just want to begin by thanking my very good friend and colleague, the gentleman from Illinois (Mr. EVANS), for his work on this legislation. We have served together on the Committee on Veterans' Affairs for longer than 20 years; and he as been a true advocate for veterans, and on this legislation, like on the others, has been a great friend and ally as we work in tandem to try to bring good, solid pieces of legislation to the floor. So I want to thank the gentleman from Illinois (Mr. EVANS) for that good work.

I want to thank Michael Durishin and Susan Edgerton, who are two of his top staffers, who again worked very, very tirelessly with our own staff here on the majority side; and again, these bills, the details of which are very much worked over and vetted, would not happen without that kind of cooperation. So I do want to thank them as well.

The gentleman from Kansas (Mr. MORAN), who just spoke, and the gentleman from California (Mr. FILNER), the chairman and the ranking member of the Subcommittee on Health, and the gentleman from Indiana (Mr. BUYER) also, the chairman of the Subcommittee on Oversight and Investigations, worked on this legislation as well; and I want to thank them.

I want to thank our own staff, Pat Ryan, Kingston Smith, Jeannie

McNally, Peter Dickinson, Kathleen Greve and John Bradley, who all had input into this legislation, and, we have held hearings on it. One of them was one of those day-long hearings. We had four panels. We heard from experts, and again, I think we all were astonished at the lack of response when it came to these capabilities.

As I alluded to earlier in my comments, I thought when I sat in those meetings in Trenton and Hamilton and Mercer County, where there was this befuddled look on the part of very well-meaning experts in the field about what do we do about anthrax, has it been spread through cross-contamination, what are the risks, how often and how long and to whom should Cipro or Doxycycline be administered.

There were a million and one questions and very few answers because those questions had not been considered in advance; and that is what this legislation is all about, to establish centers of excellence that seek to find out, if this kind of event happens, what is prescribed, what is the consequence. Just today in The Washington Times, there was an excellent op-ed piece by a doctor who heads up the emergency room physicians, pointing out that the first responders, as they rush in to help in a situation, smallpox, anthrax, sarin, just name it, will not have a clue what it is they need to do to prepare themselves, to protect themselves and preclude contamination.

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So it is very important that these details be worked out in advance, coordinating with other agencies of the government. The VA has shown in the past it has a unique perspective and an expertise to bring to bear on this.

Madam Speaker, I also thank our Senate colleagues. Senator ROCKEFELLER worked on this and got legislation passed. It was a very cooperative effort. They added some very meaningful language to the bill, so we ended up with a very good hybrid that will go to the President for signature. I also thank Senator SPECTER, the ranking member. In addition, I appreciate the efforts of the Senate staff, Bill Tuerk and Kim Lipsky, David Goetz and Bill Cahill, and I especially thank Julie Fischer, who has been Senator ROCKEFELLER's top aide, who worked with the other side of the aisle to craft a good bill. This bill has been endorsed by the administration. Now we will work on getting this bill signed, implemented, and then we will do oversight on its implementation.

Mr. RODRIGUEZ. Madam Speaker, I rise in support of the amended version of H.R. 3253, the Emergency Preparedness Act. As an original co-sponsor of H.R. 3253, I recognize the significant role the Department of Veterans Affairs (VA) can play in our quest as a nation to restore a sense of security following the horrific events of September 11, 2001 and the subsequent anthrax attacks. This measure would authorize the VA to become a full partner in our defense efforts through the estab-

lishment of four "Medical Emergency Preparedness Centers" at VA hospitals throughout the nation.

These centers would be charged with conducting medical research, and developing health care responses for chemical, biological, radiological, incendiary and explosive threats to the public. The centers would also provide education, training, and advice to VA and outside doctors, and other health care professionals on how to diagnose and treat illnesses caused by exposure to chemical, biological and radioactive materials. Especially important is the role the proposed centers would play in providing rapid response assistance and other aid to local health care authorities in the event of a national emergency.

This legislation recognizes the critical role the VA can play in our homeland security efforts. The VA operates the nation's largest integrated health care network with over 20,000 health care professionals, 163 medical centers, 800 outpatient clinics, 115 medical research centers, and has affiliations with more than 100 medical schools. Several VA facilities have already initiated efforts to serve our country in this effort. For example, the Audie Murphy Memorial Hospital in San Antonio, has developed relationships and shared teaching and research arrangements with various medical school in Texas and the county hospital system. Audie Murphy also works closely with several military medical missions with expertise in chemical, biological and radiological hazards.

The collaborative efforts of veterans health care providers, like Audie Murphy Hospital, not only help veterans, but our nation as a whole. Further, it puts the VA in a critical position to attract high level scientists in fields relevant to bio-chemical and radiological threats. I believe that through the development of National Emergency Preparedness Centers, the VA can become an important partner in our nation's homeland defense efforts.

Mr. SMITH of New Jersey. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Res. 526.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

NATIONAL CONSTRUCTION SAFETY TEAM ACT

Mr. BOEHLERT. Madam Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 4687) to provide for the establishment of investigative teams to assess building performance and the emergency response and evacuation procedures in the wake of any building failure that has resulted in substantial loss of life or that posed significant potential of substantial loss of life.

The Clerk read as follows:

Senate amendment: Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the “National Construction Safety Team Act”.

SEC. 2. NATIONAL CONSTRUCTION SAFETY TEAMS.

(a) **ESTABLISHMENT.**—The Director of the National Institute of Standards and Technology (in this Act referred to as the “Director”) is authorized to establish National Construction Safety Teams (in this Act referred to as a “Team”) for deployment after events causing the failure of a building or buildings that has resulted in substantial loss of life or that posed significant potential for substantial loss of life. To the maximum extent practicable, the Director shall establish and deploy a Team within 48 hours after such an event. The Director shall promptly publish in the Federal Register notice of the establishment of each Team.

(b) **PURPOSE OF INVESTIGATION; DUTIES.**—

(1) **PURPOSE.**—The purpose of investigations by Teams is to improve the safety and structural integrity of buildings in the United States.

(2) **DUTIES.**—A Team shall—

(A) establish the likely technical cause or causes of the building failure;

(B) evaluate the technical aspects of evacuation and emergency response procedures;

(C) recommend, as necessary, specific improvements to building standards, codes, and practices based on the findings made pursuant to subparagraphs (A) and (B); and

(D) recommend any research and other appropriate actions needed to improve the structural safety of buildings, and improve evacuation and emergency response procedures, based on the findings of the investigation.

(c) **PROCEDURES.**—

(1) **DEVELOPMENT.**—Not later than 3 months after the date of the enactment of this Act, the Director, in consultation with the United States Fire Administration and other appropriate Federal agencies, shall develop procedures for the establishment and deployment of Teams. The Director shall update such procedures as appropriate. Such procedures shall include provisions—

(A) regarding conflicts of interest related to service on the Team;

(B) defining the circumstances under which the Director will establish and deploy a Team;

(C) prescribing the appropriate size of Teams;

(D) guiding the disclosure of information under section 8;

(E) guiding the conduct of investigations under this Act, including procedures for providing written notice of inspection authority under section 4(a) and for ensuring compliance with any other applicable law;

(F) identifying and prescribing appropriate conditions for the provision by the Director of additional resources and services Teams may need;

(G) to ensure that investigations under this Act do not impede and are coordinated with any search and rescue efforts being undertaken at the site of the building failure;

(H) for regular briefings of the public on the status of the investigative proceedings and findings;

(I) guiding the Teams in moving and preserving evidence as described in section 4 (a)(4), (b)(2), and (d)(4);

(J) providing for coordination with Federal, State, and local entities that may sponsor research or investigations of building failures, including research conducted under the Earthquake Hazards Reduction Act of 1977; and

(K) regarding such other issues as the Director considers appropriate.

(2) **PUBLICATION.**—The Director shall publish promptly in the Federal Register final procedures, and subsequent updates thereof, developed under paragraph (1).

SEC. 3. COMPOSITION OF TEAMS.

Each Team shall be composed of individuals selected by the Director and led by an indi-

vidual designated by the Director. Team members shall include at least 1 employee of the National Institute of Standards and Technology and shall include other experts who are not employees of the National Institute of Standards and Technology, who may include private sector experts, university experts, representatives of professional organizations with appropriate expertise, and appropriate Federal, State, or local officials. Team members who are not Federal employees shall be considered Federal Government contractors.

SEC. 4. AUTHORITIES.

(a) **ENTRY AND INSPECTION.**—In investigating a building failure under this Act, members of a Team, and any other person authorized by the Director to support a Team, on display of appropriate credentials provided by the Director and written notice of inspection authority, may—

(1) enter property where a building failure being investigated has occurred, or where building components, materials, and artifacts with respect to the building failure are located, and take action necessary, appropriate, and reasonable in light of the nature of the property to be inspected to carry out the duties of the Team under section 2(b)(2) (A) and (B);

(2) during reasonable hours, inspect any record (including any design, construction, or maintenance record), process, or facility related to the investigation;

(3) inspect and test any building components, materials, and artifacts related to the building failure; and

(4) move such records, components, materials, and artifacts as provided by the procedures developed under section 2(c)(1).

(b) **AVOIDING UNNECESSARY INTERFERENCE AND PRESERVING EVIDENCE.**—An inspection, test, or other action taken by a Team under this section shall be conducted in a way that—

(1) does not interfere unnecessarily with services provided by the owner or operator of the building components, materials, or artifacts, property, records, process, or facility; and

(2) to the maximum extent feasible, preserves evidence related to the building failure, consistent with the ongoing needs of the investigation.

(c) **COORDINATION.**—

(1) **WITH SEARCH AND RESCUE EFFORTS.**—A Team shall not impede, and shall coordinate its investigation with, any search and rescue efforts being undertaken at the site of the building failure.

(2) **WITH OTHER RESEARCH.**—A Team shall coordinate its investigation, to the extent practicable, with qualified researchers who are conducting engineering or scientific (including social science) research relating to the building failure.

(3) **MEMORANDA OF UNDERSTANDING.**—The National Institute of Standards and Technology shall enter into a memorandum of understanding with each Federal agency that may conduct or sponsor a related investigation, providing for coordination of investigations.

(4) **WITH STATE AND LOCAL AUTHORITIES.**—A Team shall cooperate with State and local authorities carrying out any activities related to a Team's investigation.

(d) **INTERAGENCY PRIORITIES.**—

(1) **IN GENERAL.**—Except as provided in paragraph (2) or (3), a Team investigation shall have priority over any other investigation of any other Federal agency.

(2) **NATIONAL TRANSPORTATION SAFETY BOARD.**—If the National Transportation Safety Board is conducting an investigation related to an investigation of a Team, the National Transportation Safety Board investigation shall have priority over the Team investigation. Such priority shall not otherwise affect the authority of the Team to continue its investigation under this Act.

(3) **CRIMINAL ACTS.**—If the Attorney General, in consultation with the Director, determines,

and notifies the Director, that circumstances reasonably indicate that the building failure being investigated by a Team may have been caused by a criminal act, the Team shall relinquish investigative priority to the appropriate law enforcement agency. The relinquishment of investigative priority by the Team shall not otherwise affect the authority of the Team to continue its investigation under this Act.

(4) **PRESERVATION OF EVIDENCE.**—If a Federal law enforcement agency suspects and notifies the Director that a building failure being investigated by a Team under this Act may have been caused by a criminal act, the Team, in consultation with the Federal law enforcement agency, shall take necessary actions to ensure that evidence of the criminal act is preserved.

SEC. 5. BRIEFINGS, HEARINGS, WITNESSES, AND SUBPOENAS.

(a) **GENERAL AUTHORITY.**—The Director or his designee, on behalf of a Team, may conduct hearings, administer oaths, and require, by subpoena (pursuant to subsection (e)) and otherwise, necessary witnesses and evidence as necessary to carry out this Act.

(b) **BRIEFINGS.**—The Director or his designee (who may be the leader or a member of a Team), on behalf of a Team, shall hold regular public briefings on the status of investigative proceedings and findings, including a final briefing after the report required by section 8 is issued.

(c) **PUBLIC HEARINGS.**—During the course of an investigation by a Team, the National Institute of Standards and Technology may, if the Director considers it to be in the public interest, hold a public hearing for the purposes of—

(1) gathering testimony from witnesses; and

(2) informing the public on the progress of the investigation.

(d) **PRODUCTION OF WITNESSES.**—A witness or evidence in an investigation under this Act may be summoned or required to be produced from any place in the United States. A witness summoned under this subsection is entitled to the same fee and mileage the witness would have been paid in a court of the United States.

(e) **ISSUANCE OF SUBPOENAS.**—A subpoena shall be issued only under the signature of the Director but may be served by any person designated by the Director.

(f) **FAILURE TO OBEY SUBPOENA.**—If a person disobeys a subpoena issued by the Director under this Act, the Attorney General, acting on behalf of the Director, may bring a civil action in a district court of the United States to enforce the subpoena. An action under this subsection may be brought in the judicial district in which the person against whom the action is brought resides, is found, or does business. The court may punish a failure to obey an order of the court to comply with the subpoena as a contempt of court.

SEC. 6. ADDITIONAL POWERS.

In order to support Teams in carrying out this Act, the Director may—

(1) procure the temporary or intermittent services of experts or consultants under section 3109 of title 5, United States Code;

(2) request the use, when appropriate, of available services, equipment, personnel, and facilities of a department, agency, or instrumentality of the United States Government on a reimbursable or other basis;

(3) confer with employees and request the use of services, records, and facilities of State and local governmental authorities;

(4) accept voluntary and uncompensated services;

(5) accept and use gifts of money and other property, to the extent provided in advance in appropriations Acts;

(6) make contracts with nonprofit entities to carry out studies related to purpose, functions, and authorities of the Teams; and

(7) provide nongovernmental members of the Team reasonable compensation for time spent carrying out activities under this Act.

SEC. 7. DISCLOSURE OF INFORMATION.

(a) **GENERAL RULE.**—Except as otherwise provided in this section, a copy of a record, information, or investigation submitted or received by a Team shall be made available to the public on request and at reasonable cost.

(b) **EXCEPTIONS.**—Subsection (a) does not require the release of—

(1) information described by section 552(b) of title 5, United States Code, or protected from disclosure by any other law of the United States; or

(2) information described in subsection (a) by the National Institute of Standards and Technology or by a Team until the report required by section 8 is issued.

(c) **PROTECTION OF VOLUNTARY SUBMISSION OF INFORMATION.**—Notwithstanding any other provision of law, a Team, the National Institute of Standards and Technology, and any agency receiving information from a Team or the National Institute of Standards and Technology, shall not disclose voluntarily provided safety-related information if that information is not directly related to the building failure being investigated and the Director finds that the disclosure of the information would inhibit the voluntary provision of that type of information.

(d) **PUBLIC SAFETY INFORMATION.**—A Team and the National Institute of Standards and Technology shall not publicly release any information it receives in the course of an investigation under this Act if the Director finds that the disclosure of that information might jeopardize public safety.

SEC. 8. NATIONAL CONSTRUCTION SAFETY TEAM REPORT.

Not later than 90 days after completing an investigation, a Team shall issue a public report which includes—

(1) an analysis of the likely technical cause or causes of the building failure investigated;

(2) any technical recommendations for changes to or the establishment of evacuation and emergency response procedures;

(3) any recommended specific improvements to building standards, codes, and practices; and

(4) recommendations for research and other appropriate actions needed to help prevent future building failures.

SEC. 9. NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY ACTIONS.

After the issuance of a public report under section 8, the National Institute of Standards and Technology shall comprehensively review the report and, working with the United States Fire Administration and other appropriate Federal and non-Federal agencies and organizations—

(1) conduct, or enable or encourage the conducting of, appropriate research recommended by the Team; and

(2) promote (consistent with existing procedures for the establishment of building standards, codes, and practices) the appropriate adoption by the Federal Government, and encourage the appropriate adoption by other agencies and organizations, of the recommendations of the Team with respect to—

(A) technical aspects of evacuation and emergency response procedures;

(B) specific improvements to building standards, codes, and practices; and

(C) other actions needed to help prevent future building failures.

SEC. 10. NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY ANNUAL REPORT.

Not later than February 15 of each year, the Director shall transmit to the Committee on Science of the House of Representatives and to the Committee on Commerce, Science, and Transportation of the Senate a report that includes—

(1) a summary of the investigations conducted by Teams during the prior fiscal year;

(2) a summary of recommendations made by the Teams in reports issued under section 8 dur-

ing the prior fiscal year and a description of the extent to which those recommendations have been implemented; and

(3) a description of the actions taken to improve building safety and structural integrity by the National Institute of Standards and Technology during the prior fiscal year in response to reports issued under section 8.

SEC. 11. ADVISORY COMMITTEE.

(a) **ESTABLISHMENT AND FUNCTIONS.**—The Director, in consultation with the United States Fire Administration and other appropriate Federal agencies, shall establish an advisory committee to advise the Director on carrying out this Act and to review the procedures developed under section 2(c)(1) and the reports issued under section 8.

(b) **ANNUAL REPORT.**—On January 1 of each year, the advisory committee shall transmit to the Committee on Science of the House of Representatives and to the Committee on Commerce, Science, and Transportation of the Senate a report that includes—

(1) an evaluation of Team activities, along with recommendations to improve the operation and effectiveness of Teams; and

(2) an assessment of the implementation of the recommendations of Teams and of the advisory committee.

(c) **DURATION OF ADVISORY COMMITTEE.**—Section 14 of the Federal Advisory Committee Act shall not apply to the advisory committee established under this section.

SEC. 12. ADDITIONAL APPLICABILITY.

The authorities and restrictions applicable under this Act to the Director and to Teams shall apply to the activities of the National Institute of Standards and Technology in response to the attacks of September 11, 2001.

SEC. 13. AMENDMENT.

Section 7 of the National Bureau of Standards Authorization Act for Fiscal Year 1986 (15 U.S.C. 281a) is amended by inserting “, or from an investigation under the National Construction Safety Team Act,” after “from such investigation”.

SEC. 14. CONSTRUCTION.

Nothing in this Act shall be construed to confer any authority on the National Institute of Standards and Technology to require the adoption of building standards, codes, or practices.

SEC. 15. AUTHORIZATION OF APPROPRIATIONS.

The National Institute of Standards and Technology is authorized to use funds otherwise authorized by law to carry out this Act.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from New York (Mr. BOEHLERT) and the gentleman from New York (Mr. WEINER) each will control 20 minutes.

The Chair recognizes the gentleman from New York (Mr. BOEHLERT).

GENERAL LEAVE

Mr. BOEHLERT. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 4687.

The **SPEAKER** pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. BOEHLERT. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I am honored to bring this bill back to the House so we can pass it and send it on to the President for his signature. Last week the Members of the House, like citizens

throughout our Nation, set aside time to remember the events and heroes and victims of last September 11. We re-experienced the shock and horror of that day, and we gave thanks for our liberties and the way our Nation spontaneously came together to provide emergency, emotional and financial support to those people and places that needed it.

But that is not enough. Our responses to September 11 cannot be limited to sentiment. We have to learn from what happened that day, and apply those lessons. Most of the lessons, of course, relate to foreign policy and domestic security, and it is often difficult to discern exactly what those lessons ought to be once one goes beyond enhanced vigilance, but there are also lessons related to building safety, and at least the immediate lessons in that area are crystal clear.

The collapse of the Twin Towers, and especially the emergency response and evacuation procedures in response to the attack on the Towers, indicates that we need to know more about skyscraper safety. The government study that followed the collapse showed that we need to have better procedures in place to study building failures, from whatever cause, if we are going to save lives in the future.

The attack on the World Trade Center is, we hope, unique. But the collapse of those two seemingly immovable objects has lessons for a wide variety of buildings facing a wide variety of relatively common circumstances.

H.R. 4687, which I introduced along with the gentleman from New York (Mr. WEINER), will ensure that we are able to learn and apply those lessons, not only in the case of the World Trade Center, but in future cases as well.

The bill simply and precisely remedies each and every failing that hindered the investigation of the World Trade Center collapse. The bill gives clear responsibility and authority, including subpoena power, to the National Institute of Standards and Technology to use its longstanding expertise, and that of outside experts, to investigate failures of structures and evacuation procedures, and to make specific recommendations to prevent their recurrence. The bill ensures that NIST's response will be swift and thorough.

This bill has already passed the House overwhelmingly, and we have negotiated clarifying changes with the Senate. The bill is ready for the President, and it will be a fitting memorial to those who perished last year at this time.

Madam Speaker, I thank the families of those who died at the Trade Center, especially those who have formed the Skyscraper Safety Campaign, for all their hard work in helping to bring this measure to fruition. We are working together to ensure that no other families will ever have to experience their particular pain.

Madam Speaker, I reserve the balance of my time.

Mr. WEINER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I want to add a couple of points of explanation to what the gentleman from New York (Mr. BOEHLERT) has said.

First of all, it is clear that no one in this body, no one on the Committee on Science, no one could have anticipated that dreadful act, that shameful act of cowardice that led to the collapse of the World Trade Center. In fact, nothing that we do today should negate the fact that the way those buildings were built, with such strength and such great craftsmanship, they stood for over an hour, even after they were hit with the most horrific forces any building has had to withstand. What is the result, today over 25,000 families are together with their surviving member because they were able to get out alive. It was the largest urban rescue in history, and it would not have been possible had it not been for the fortitude of those buildings.

But we also would be remiss if we did not recognize that the investigation that ensued after the September 11 building collapse was a disaster. There was miscommunication between different agencies. There was infighting with agencies. To give Members an idea, 80 percent of the steel from those buildings was taken away and recycled before any expert could take a look at them to try to determine if there were flaws that could be avoided in the future.

The electrical switches that could have provided so many telltale signs for investigators were taken away. There were even fights over whether investigators had the right to see the blueprints to the building. In fact, the way I put it, it was a crime scene, and not only was there no smoking gun found, but there was no weapon found. In truth, there was not even a detective assigned to the case. That is what we are trying to address today.

I should point out this is not just idle Monday morning quarterbacking. There are real things that we will be able to learn from this investigation and others to come, although we all hope that this agency is never used. We could learn things that we learned already in the preliminary investigation of the World Trade Center, that perhaps having exit stairwells so close together makes it possible that they can all be knocked out through one horrific event, such as happened in Tower One where three of the stairwells were completely knocked out, preventing egress to the top.

We can learn something that hopefully we would have learned in the 1993 bombing of the World Trade Center, that we need to hard-wire repeaters into these buildings. Repeaters allow firefighters on the ground to talk to firefighters almost a quarter of a mile up without interference on the radio. The most haunting thing that came from so many of the revelations that

we have seen since September 11 is that firefighters, the most heroic imaginable, were climbing the stairs up, not hearing the calls from their comrades below that it was time to evacuate. Mayday calls that should have been assigned to firefighters to get out were never heard by the firefighters because the hard-wiring in the building was not sufficient to install repeaters.

Finally, we may need to learn something about roof access to these buildings. Who knows what might have been possible. We know that hundreds of people perished that day because they went up to the roof seeking a way out. As a matter of fact, early on there were reports that some of the dispatchers who were getting the calls were advising people to do that, all of the things we may learn for future investigations.

But there is one other fact we must not forget, and the gentleman from New York (Mr. BOEHLERT) pointed it out, that this bill would not have happened, simply put, would not have happened had it not been for families of victims and interested Americans coming to us and saying in the midst of all of the difficult things that we have to do as a Congress and efforts to secure our homeland, let us not forget that we need to do an investigation about why those buildings came down.

Frankly, it was the impetus of the Skyscraper Safety Campaign that made this bill a reality. It would not have become a reality had the gentleman from New York (Mr. BOEHLERT) not taken it up, and not taken it up with such dignity and speed, and his staff had not been so proficient in doing it, including Mike Quear on our side of the aisle, Geoffrey Hockert and Lamar Robertson on my staff. Frankly, the gentleman from New York (Mr. BOEHLERT) has shown us the way to get this stuff done. Many of us are standing here after September 11 and wondering why so many of the obvious things are taking longer than we thought. Perhaps if the gentleman from New York (Chairman BOEHLERT) was the chairman of all of the committees, and I am not sure that I would wish that on the gentleman, but perhaps it would move quicker.

Secondly, it is undeniably a fact that if we did not have the NTSB as a model, this would have taken a lot longer. The NTSB has shown us the way in the way that they investigate airline crashes, the way they sequester information, and take control of a scene as if it were a crime scene. They always get their man. They have virtually 100 percent success rate of coming to conclusions about why planes crash. We use that as a model to help this bill.

Madam Speaker, I strongly urge the President to give this the attention it deserves by having a ceremony when he signs this bill. I thank Senator SCHUMER and Senator CLINTON for being so expeditious in their consideration. This is legislation that hopefully we will never see put into place. There should

never again be, God willing, the type of catastrophic building collapse as we saw in New York on the morning of September 11; but if there is, we should learn from it. And, as importantly, we hope with this legislation we give the tools to investigators to learn everything possible to learn about the causes of the September 11 collapse.

Madam Speaker, I reserve the balance of my time.

Mr. BOEHLERT. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the gentleman from New York (Mr. WEINER) points out something very important. We get things done in this institution by working on a bipartisan basis. We get things done in this Congress by working on a bicameral basis. That is why we have succeeded in getting to this point.

Madam Speaker, I yield 3 minutes to the gentleman from Connecticut (Mr. SHAYS), someone who has been very instrumental in fashioning this bill and bringing us to the point where we are right now.

Mr. SHAYS. Madam Speaker, I thank the gentleman from New York (Mr. BOEHLERT) and the gentleman from New York (Mr. WEINER) for this legislation, for their perseverance, and for listening to their constituents and the people who suffered from September 11 who helped design this bill.

When we had the first hearing on H.R. 4687, the National Construction Safety Team Act, I thought, "what am I really going to learn." Two large airplanes filled with fuel crashed into two buildings, and the buildings came down; end of story.

Well, as soon as the hearing began, I learned there was so much more to the story. First, who was in charge. What happened to the evidence, not like it was a crime, this was a terrorist act, but what happened to the materials that would help us understand how these buildings collapsed and how it might have been prevented.

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As others have pointed out, where the location of the stairs were. I have a constituent who spoke to her loved one, her husband, for almost an hour as he went to the top of the building, went down to the fire, tried to find a way to get out, asked for her help as she looked at the building on the cameras, on the TV, to see if she saw any opportunity. That was the last time she spoke with her husband, trying to help him deal with this catastrophe.

We have a good model in the NTSB. We know that we have the ability when there are airplane crashes to look at the NTSB and see what they do. They take control. They have subpoena power. They have the ability to look at every aspect of the disaster, the people involved, what they did, what they did not do, the materials involved, what happened. With this legislation, NIST has the same authority, with all the

same powers. When there is a major catastrophe, when there is loss of life, they are going to step in.

I was particularly intrigued by the fact that not only were we talking about these two incredibly large buildings, but we are talking about a 40-story building that caught on fire and there was no way to put that fire out, no water, no ability to put it out, so it was allowed to burn for nearly 7 hours, this 40-story structure. Think of all that we could have learned about building material. Think what we will learn in the future and just think of how important it is for those who have lost loved ones to know that there is an organization like NIST that will take charge just like the NTSB takes charge in the disaster of an air flight. We are at war with terrorists. They are going to use conventional, biological, and possibly chemical weapons. Heaven forbid that they will someday have access to nuclear weapons and try to use them. We know that we cannot always prevent a disaster, but when there is one, we need to learn from it.

Again, I want to just thank both the chairman of the Committee on Science, who has brought science to the discovery of why things happen, and the gentleman from New York (Mr. WEINER) for his incredible help. I appreciate the work of both of them.

Mr. BOEHLERT. Madam Speaker, I yield 2 minutes to the gentleman from New York (Mr. GRUCCI) who has been there right from the beginning, at every hearing, meeting with the skyscraper safety campaign committee, meeting with the professional staff, working very hard to produce the product that we are proud to present to the House today.

Mr. GRUCCI. Madam Speaker, I would first like to take a moment to thank the gentleman from New York (Mr. BOEHLERT) and the gentleman from New York (Mr. WEINER) for their steadfast leadership and my colleagues on the Committee on Science for working together on this incredibly important piece of legislation. The tragedy of September 11 was one that no one could ever predict or even fathom. The extent to which our Nation was affected may never be completely understood. America sat with fear and awe, our eyes captivated by the sight of these once great majestic towers, reduced to a pile of smoldering ruins. But as the hallowed ground of lower Manhattan is cleared of the rubble and America attempts to heal from the horror of September 11, we continue to work together to find what answers we can muster from this tragedy and ask the critically important questions to find out how these towers failed.

Madam Speaker, my congressional district lies just 45 miles from what is now known as Ground Zero. My constituents were some of the first responders, opening up their emergency rooms and volunteering their rescue services to help the mothers and fathers, brothers and sisters, friends and

even strangers, all that were trapped in that rubble in the World Trade Center on the morning of September 11.

This legislation, the National Construction Safety Team Act, will give the National Institute of Standards and Technology clear authority and responsibility as well as the necessary legal tools to investigate building failures. Other Federal agencies, such as the National Transportation Safety Board, have the authority to obtain evidence and investigate transportation calamities. In the collapse at Ground Zero, there was no clear mandate to what Federal agency would lead an investigation into the building's failure. This confusion can never happen again.

H.R. 4687 clarifies the process and makes certain that NIST has the authority to study building collapses. It is crucial that we extend this authority to building engineers and protect all Americans from future danger or tragedy. I am proud to be an original cosponsor of this legislation and place my full support behind the bill. I urge my colleagues to join me once again in supporting final passage of this critical legislation before the close of the 107th Congress.

Mr. WEINER. Madam Speaker, I yield myself such time as I may consume.

I just want to make one concluding thought. One of the things that has been suggested in some quarters, and we are having a great deal of discussion in New York about how to redevelop lower Manhattan is, "Well, maybe we shouldn't build big buildings anymore." I think this legislation is a recognition of just the opposite. Big buildings have always been, as E.B. White described it, built out of our desire to reach for the heavens. In New York City, frankly, we do not have big wide open spaces, so we are not going to build out to the sides. We are going to be building high-rise.

There is another absolute fact I can say going forward: We are always going to have firefighters who are going to run into those buildings to save people on the high floors. Those are two almost immutable facts of life in New York and probably in the United States of America.

This legislation is a sign that we are not retreating from that idea. What we are doing is trying to learn from our experiences, to try to make both the people who work in those buildings, firefighters and emergency workers who may someday, God forbid, have to rush into those buildings, make them both safer. But let no one see this legislation being passed and say, well, we are getting a little bit weak in the knees about whether or not we should be living up to our greatest ambitions as Americans and as New Yorkers. Neither one is true. In fact, this is recognition that we are going to be building big buildings, we are going to be making them safer, we are going to be making them such that emergency workers

can get in and out of them with ease and make them, frankly, never terror-proof, they are never going to be earthquake-proof, they are never going to be bomb-proof, but we are going to try to learn the tragic lessons of September 11. That should be the legacy of those 2,801 people that were lost that day.

Madam Speaker, I yield back the balance of my time.

Mr. BOEHLERT. Madam Speaker, I yield myself such time as I may consume.

Our unending quest must be to fill gaps in our knowledge base. With this legislation, we are doing just that. This is a proud moment for the House. I want to thank particularly the gentleman from New York (Mr. WEINER) but also others who cannot be here today because of conflicts. The gentleman from New York (Mr. ISRAEL) was very helpful. The gentlewoman from Maryland (Mrs. MORELLA) was there right from the beginning and worked very hard.

I want to comment on the high degree of professionalism of the staff on the Committee on Science. On our side, Cameron Wilson and Diane Jones and Dr. John Mimikakis and our staff director David Goldston. But it was not just a Republican staff and a Republican bill or a Democrat staff and a Democrat bill. This is a bill for America developed by concerned Americans who want to protect us as much as humanly possible for the future.

Mrs. MORELLA. Madam Speaker, I rise today in strong support of H.R. 4687, The National Construction Safety Team Act of 2002. I want to thank Chairman BOEHLERT for his outstanding leadership on this legislation, and for helping to bring this important issue to our attention. This bill has been strongly supported here in Congress, and also by the Administration.

We are all imminently aware of the tremendous challenges America faced on September 11. In an effort to find answers to some of our questions, the Science Committee heard disturbing testimony about the investigations into the reasons for the catastrophic building failure at the World Trade Center. As a result of that testimony, we have learned that there was no federal agency with clear authority over the investigation. This bill helps remedy that problem by giving the construction safety teams and the National Institute of Standards and Technology comprehensive investigation authorities similar to those of the National Transportation Safety Board. We are firmly establishing who is in charge of future investigations with clear mandates for action, without impeding search and rescue operations. The legislation will allow the teams to carry out critical functions such as: accessing the site of a build disaster, accessing key building records and documents, and retrieving and preserving evidence. We have also learned through testimony that the public was often kept in the dark, leading to confusion and resentment among victims and families. This bill establishes clear lines of communication, ensuring that the public will be informed throughout the investigation, with regular briefings and public hearings.

Additionally, we are supporting much needed research by NIST into the technical causes

of the World Trade Center collapse, and other fire safety issues, in an attempt to provide the necessary research for future building safety codes. NIST is the premier federal laboratory for research in building design and safety, and is uniquely positioned to fully understand the World Trade Center disaster and thereby prevent future collapses.

While I applaud my colleagues for their efforts on moving this important bill, I also caution them that our work may not be done. As the investigations continue, NIST may uncover more questions about the deficiencies of our building designs. They may also discover gaps in our knowledge. New studies and new facilities may be necessary to fill these voids, and thereby may require a new commitment from us. Passage of H.R. 4687 is a very important step toward greater knowledge and better understanding of the events that changed all our lives. I urge your support of this legislation.

Ms. JACKSON-LEE of Texas. Madam Speaker, I strongly support H.R. 4687, The National Construction Safety Team Act of 2002. I am pleased with the outcome of our work on the Science Committee in addressing in a timely fashion, a problem highlighted in the wake of the events of last 9/11. In just a year we already have before us a piece of legislation that will greatly enhance the safety of the next generation of buildings, and save many lives.

Every experience, no matter how horrific, presents an opportunity to learn. Many lives were lost last year, the two moments that jets crashed into the World Trade Center Buildings 1 and 2. However, much of the devastation occurred over the next hour, as people became trapped in the building, exposed to fire and smoke, and eventually as the buildings collapsed. Although, our first responders made heroic efforts, and did an excellent job at rising to the challenge of this unprecedented attack—there is always room for improvement. Also, although the World Trade Center was an architectural marvel, perhaps there were design changes that could have been incorporated that would have saved lives.

Even as the healing is taking place, we must look back carefully and objectively at the events that took place, and look forward to implement plans which might prevent such catastrophic loss from occurring again.

The National Construction Safety Team Act gives responsibility to the National Institute of Standards and Technology (NIST) to dispatch teams of experts within 48 hours after major building disasters. The team will determine the likely technical cause of building failures. They will also evaluate procedures used for evacuation and emergency responses. Then, the team will recommend specific changes to building codes, standards and practices, and to emergency response and evacuation procedures. The team will make regular briefings to the public during ongoing investigations, to keep the public apprised of developments. Implementation of the final recommendations will make our nation's buildings safer and people more secure.

The bill strikes an excellent balance between allowing the team to be efficient and effective—to access the site, subpoena evidence, etc.—and the need to stay out of the way of search and rescue attempts that may also be ongoing.

Obviously, the first implementation of this bill would be a comprehensive review of the

World Trade Center collapse. NIST has already started its follow-on investigation, with \$16 million transferred from FEMA. This bill (H.R. 4687) will provide NIST with the ability to subpoena data, if necessary, to augment its current investigation. The citizens of New York deserve such a deep and thoughtful approach.

But this bill is not only a "World Trade Center Bill." Teams will be organized and prepared to respond within 48 hours of any major building failure that involves significant loss of lives, or the danger of such loss. I hope that such a system could also help us learn from, and better prepare for natural disasters as we saw in Houston during Tropical Storm Allison in 2001. Flooding led to the destruction of thousands of homes and buildings, and the loss of 41 lives nationwide. Hospitals, such as that at Baylor College of Medicine, suffered millions of dollars in damages, setting research back years.

One young woman who died in Houston, Kristie Tautenhahn, was in a building that was rapidly flooding. A voice came over the intercom, informing employees that the underground garage was filling up with water, and people should go down and move their cars. Kristie, a 42-year old proofreader in a law firm got trapped in an elevator on her way down to the garage, and drowned soon after.

Tragic events, like the death of Ms. Tautenhahn or the flood damage of Baylor probably would not trigger the kind of investigations that this bill provides for. However, it seems that the work of investigative teams created by this bill, could provide valuable information which may bring about smarter building codes, to prevent such failures, and better strategies of getting the appropriate warnings and evacuation information to potential victims of disaster.

H.R. 4687 is a great strike toward a more comprehensive national strategy for predicting, preventing, and mitigating damage due to disasters of all sorts. It is a proactive, preemptive type strategy that could save lives and money. I am pleased with the Science Committee's leadership on such issues. It compliments well other legislation emerging from the Science Committee, such as the Inland Flooding Bill that I worked on with my colleague from North Carolina BOB ETHERIDGE, which will help predict and prevent damage from cyclone-related flooding. We are turning away from just putting out fires, and toward understanding our vulnerabilities, and trying prevention. It is the right way to go.

I urge my colleagues to support the National Construction Safety Team Act 2002.

Mr. BOEHLERT. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from New York (Mr. BOEHLERT) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 4687.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate amendment was concurred in.

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair de-

clares the House in recess until approximately 6:30 p.m.

Accordingly (at 3 o'clock and 38 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNCAN) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will now put the question on each motion to suspend the rules on which further proceedings were postponed earlier today in the order in which that motion was entertained.

Votes will be taken in the following order:

H. Con. Res. 435, by the yeas and nays;

H. R. 4102, by the yeas and nays; and H.R. 5333, by the yeas and nays.

The Chair will reduce to 5 minutes the time for any electronic vote after the first such vote in this series.

CANDACE NEWMAKER RESOLUTION OF 2002

The SPEAKER pro tempore. The pending business is the question of suspending the rules and agreeing to the concurrent resolution, H. Con. Res. 435.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 435, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 397, nays 0, not voting 35, as follows:

[Roll No. 388]

YEAS—397

Abercrombie	Biggert	Camp
Ackerman	Bilirakis	Cannon
Aderholt	Bishop	Cantor
Akin	Blumenauer	Capito
Allen	Blunt	Capps
Andrews	Boehert	Capuano
Armey	Boehner	Cardin
Baca	Bonilla	Carson (IN)
Bachus	Bonior	Carson (OK)
Baker	Bono	Castle
Baldacci	Boozman	Chabot
Baldwin	Borski	Chambliss
Ballenger	Boswell	Clay
Barcia	Boucher	Clayton
Barrett	Boyd	Clement
Bartlett	Brady (PA)	Clyburn
Barton	Brady (TX)	Coble
Bass	Brown (OH)	Condit
Becerra	Brown (SC)	Conyers
Bentsen	Bryant	Cooksey
Bereuter	Burton	Costello
Berkley	Buyer	Cox
Berman	Callahan	Coyne
Berry	Calvert	Cramer

Crane	Istook	Pallone	Towns	Wamp	Whitfield	Clay	Hoekstra	Morella
Crenshaw	Jackson (IL)	Pascrell	Turner	Waters	Wicker	Clayton	Holden	Murtha
Crowley	Jackson-Lee	Pastor	Udall (CO)	Watkins (OK)	Wilson (NM)	Clement	Holt	Myrick
Cubin	(TX)	Paul	Udall (NM)	Watt (NC)	Wilson (SC)	Clyburn	Honda	Napolitano
Culberson	Jefferson	Payne	Upton	Waxman	Wolf	Coble	Hooley	Neal
Cummings	Jenkins	Pelosi	Velazquez	Weiner	Woolsey	Condit	Horn	Ney
Cunningham	John	Pence	Visclosky	Weldon (FL)	Wu	Conyers	Hostettler	Northup
Davis (CA)	Johnson (CT)	Peterson (MN)	Vitter	Weldon (PA)	Wynn	Cooksey	Houghton	Norwood
Davis (IL)	Johnson (IL)	Peterson (PA)	Walden	Weller	Young (AK)	Costello	Hoyer	Nussle
Davis, Jo Ann	Johnson, E. B.	Petri	Walsh	Wexler	Young (FL)	Cox	Hunter	Oberstar
Davis, Tom	Johnson, Sam	Pickering				Coyne	Hyde	Obey
Deal	Jones (NC)	Pitts				Cramer	Inslee	Oliver
DeFazio	Jones (OH)	Platts	Baird	Gekas	Nethercutt	Crane	Isakson	Ortiz
DeGette	Kanjorski	Pombo	Barr	Hansen	Ney	Crenshaw	Israel	Osborne
Delahunt	Kaptur	Pomeroy	Blagojevich	Hilleary	Phelps	Crowley	Issa	Ose
DeLauro	Keller	Portman	Brown (FL)	Hulshof	Riley	Cubin	Istook	Otter
DeMint	Kelly	Price (NC)	Burr	LaTourette	Roukema	Culberson	Jackson (IL)	Owens
Deutsch	Kennedy (MN)	Pryce (OH)	Collins	Lipinski	Royce	Cummings	Jackson-Lee	Oxley
Diaz-Balart	Kennedy (RI)	Putnam	Combest	Lynch	Schaffer	Cunningham	(TX)	Pallone
Dicks	Kerns	Quinn	Davis (FL)	Mascara	Stark	Davis (CA)	Jefferson	Pascrell
Dingell	Kildee	Radanovich	DeLay	McKinney	Stump	Davis (FL)	Jenkins	Pastor
Doggett	Kilpatrick	Rahall	Dooley	Miller, George	Watson (CA)	Davis (IL)	John	Paul
Doolittle	Kind (WI)	Ramstad	Ehrlich	Mink	Watts (OK)	Davis, Jo Ann	Johnson (CT)	Payne
Doyle	King (NY)	Rangel	Ganske	Nadler		Davis, Tom	Johnson (IL)	Pence
Dreier	Kingston	Regula				Deal	Johnson, E. B.	Peterson (MN)
Duncan	Kirk	Rehberg				DeFazio	Johnson, Sam	Peterson (PA)
Dunn	Klecza	Reyes				DeGette	Jones (NC)	Petri
Edwards	Knollenberg	Reynolds				Delahunt	Jones (OH)	Pickering
Ehlers	Kolbe	Rivers				DeLauro	Kanjorski	Pitts
Emerson	Kucinich	Rodriguez				DeMint	Kaptur	Platts
Engel	LaFalce	Roemer				Deutsch	Keller	Pombo
English	LaHood	Rogers (KY)				Diaz-Balart	Kelly	Pomeroy
Eshoo	Lampson	Rogers (MI)				Dicks	Kennedy (MN)	Portman
Etheridge	Langevin	Rohrabacher				Dingell	Kennedy (RI)	Price (NC)
Evans	Lantos	Ros-Lehtinen				Doggett	Kerns	Pryce (OH)
Everett	Larsen (WA)	Ross				Doolittle	Kildee	Putnam
Farr	Larson (CT)	Rothman				Doyle	Kilpatrick	Quinn
Fattah	Latham	Roybal-Allard				Dreier	Kind (WI)	Radanovich
Ferguson	Leach	Rush				Duncan	King (NY)	Rahall
Filner	Lee	Ryan (WI)				Dunn	Kingston	Ramstad
Flake	Levin	Ryun (KS)				Edwards	Kirk	Rangel
Fletcher	Lewis (CA)	Sabo				Ehlers	Klecza	Regula
Foley	Lewis (GA)	Sanchez				Emerson	Knollenberg	Rehberg
Forbes	Lewis (KY)	Sanders				Engel	Kolbe	Reyes
Ford	Linder	Sandlin				English	Kucinich	Reynolds
Fossella	LoBiondo	Sawyer				Eshoo	LaFalce	Riley
Frank	Lofgren	Saxton				Etheridge	LaHood	Rivers
Frelinghuysen	Lowey	Schakowsky				Evans	Lampson	Rodriguez
Frost	Lucas (KY)	Schiff				Everett	Langevin	Rogers (KY)
Gallegly	Lucas (OK)	Schrock				Farr	Lantos	Rogers (MI)
Gephardt	Luther	Scott				Fattah	Larsen (WA)	Rohrabacher
Gibbons	Maloney (CT)	Sensenbrenner				Ferguson	Larson (CT)	Ros-Lehtinen
Gilchrest	Maloney (NY)	Serrano				Filner	Latham	Ross
Gillmor	Manzullo	Sessions				Flake	Leach	Rothman
Gilman	Markey	Shadegg				Fletcher	Lee	Roybal-Allard
Gonzalez	Matheson	Shaw				Foley	Levin	Royce
Goode	Matsui	Shays				Forbes	Lewis (CA)	Rush
Goodlatte	McCarthy (MO)	Sherman				Ford	Lewis (GA)	Ryan (WI)
Gordon	McCarthy (NY)	Sherwood				Fossella	Lewis (KY)	Ryun (KS)
Goss	McCollum	Shimkus				Frank	Linder	Sabo
Graham	McCrery	Shows				Frelinghuysen	LoBiondo	Sanchez
Granger	McDermott	Shuster				Frost	Lofgren	Sanders
Graves	McGovern	Simmons				Gallegly	Lowey	Sandlin
Green (TX)	McHugh	Simpson				Gephardt	Lucas (KY)	Sawyer
Green (WI)	McInnis	Skeen				Gibbons	Lucas (OK)	Saxton
Greenwood	McIntyre	Skelton				Gilchrest	Luther	Schakowsky
Grucci	McKeon	Slaughter				Gillmor	Maloney (CT)	Schiff
Gutierrez	McNulty	Smith (MI)				Gilman	Maloney (NY)	Schrock
Gutknecht	Meehan	Smith (NJ)				Gonzalez	Manzullo	Scott
Hall (TX)	Meek (FL)	Smith (TX)				Goode	Markey	Sensenbrenner
Harman	Meeks (NY)	Smith (WA)				Goodlatte	Matheson	Sessions
Hart	Menendez	Snyder				Gordon	Matsui	Shadegg
Hastings (FL)	Mica	Solis				Goss	McCarthy (MO)	Shaw
Hastings (WA)	Millender-	Souder				Graham	McCarthy (NY)	Shays
Hayes	McDonald	Spratt				Granger	McCollum	Sherman
Hayworth	Miller, Dan	Stearns				Graves	McCrery	Sherwood
Hefley	Miller, Gary	Stenholm				Green (TX)	McDermott	Shimkus
Herger	Miller, Jeff	Strickland				Green (WI)	McGovern	Shows
Hill	Mollohan	Stupak				Greenwood	McHugh	Shuster
Hilliard	Moore	Sullivan				Grucci	McInnis	Simmons
Hinchey	Moran (KS)	Sununu				Gutierrez	McIntyre	Simpson
Hinojosa	Moran (VA)	Sweeney				Gutknecht	McKeon	Skeen
Hobson	Morella	Tancred				Hall (TX)	McNulty	Skelton
Hoefel	Murtha	Tanner				Harman	Meehan	Slaughter
Hoekstra	Myrick	Tauscher				Hart	Meek (FL)	Smith (MI)
Holden	Napolitano	Tauzin				Hastings (FL)	Meeks (NY)	Smith (NJ)
Holt	Neal	Taylor (MS)				Hastings (WA)	Menendez	Smith (TX)
Honda	Northup	Taylor (NC)				Hayes	Mica	Smith (WA)
Hooley	Norwood	Terry				Hayworth	Millender-	Snyder
Horn	Norwood	Thomas				Hefley	McDonald	Solis
Hostettler	Oberstar	Thompson (CA)				Herger	Miller, Dan	Souder
Houghton	Houghton	Thompson (MS)				Hill	Miller, Gary	Spratt
Hoyer	Hoyer	Thornberry				Hilliard	Miller, Jeff	Stearns
Hunter	Hunter	Thune				Hinchey	Mollohan	Stenholm
Hyde	Hyde	Thurman				Hinojosa	Moore	Strickland
Inslee	Inslee	Tiahrt				Hobson	Moran (KS)	Stupak
Isakson	Isakson	Tiberi				Hoefel	Moran (VA)	Sullivan
Israel	Israel	Owens						
Issa	Issa	Oxley						

NOT VOTING—35

□ 1853

So (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER
PRO TEMPORE

The SPEAKER pro tempore (Mr. DUNCAN). Pursuant to clause 8 of rule XX, the Chair will reduce to 5 minutes the minimum time for electronic voting on each motion to suspend the rules on which the Chair has postponed further proceedings.

ROLLAN D. MELTON POST OFFICE
BUILDING

The SPEAKER pro tempore. The pending business is the question of suspending the rules and passing the bill, H.R. 4102.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Utah (Mr. CANNON) that the House suspend the rules and pass the bill, H.R. 4102, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 398, nays 0, not voting 34, as follows:

[Roll No. 389]

YEAS—398

Abercrombie	Bereuter	Brady (TX)
Ackerman	Berkley	Brown (OH)
Aderholt	Berman	Brown (SC)
Akin	Berry	Bryant
Allen	Biggert	Burton
Andrews	Billirakis	Buyer
Armey	Bishop	Callahan
Baca	Blumenauer	Calvert
Bachus	Blunt	Camp
Baker	Boehert	Cannon
Baldacci	Boehner	Cantor
Baldwin	Bonilla	Capito
Ballenger	Bonior	Capps
Barcia	Bono	Capuano
Barrett	Boozman	Cardin
Bartlett	Borski	Carson (IN)
Barton	Boswell	Carson (OK)
Bass	Boucher	Castle
Becerra	Boyd	Chabot
Bentsen	Brady (PA)	Chambliss

Sununu
Sweeney
Tancred
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tiahrt
Tiberi

Tierney
Toomey
Towns
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Visclosky
Vitter
Walden
Walsh
Wamp
Waters
Watkins (OK)
Watt (NC)
Waxman

Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (AK)
Young (FL)

NOT VOTING—34

Baird
Barr
Blagojevich
Brown (FL)
Burr
Collins
Combest
DeLay
Dooley
Ehrlich
Ganske
Gekas

Hansen
Hillery
Hulshof
LaTourette
Lipinski
Lynch
Mascara
McKinney
Miller, George
Mink
Nadler
Nethercutt

Pelosi
Phelps
Roemer
Roukema
Schaffer
Serrano
Stark
Stump
Watson (CA)
Watts (OK)

□ 1902

So (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

JOSEPH D. EARLY POST OFFICE BUILDING

The SPEAKER pro tempore (Mr. DUNCAN). The pending business is the question of suspending the rules and passing the bill, H.R. 5333.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Utah (Mr. CANNON) that the House suspend the rules and pass the bill, H.R. 5333, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 397, nays 0, not voting 35, as follows:

[Roll No. 390]

YEAS—397

Abercrombie
Ackerman
Aderholt
Akin
Allen
Andrews
Armed
Baca
Bachus
Baker
Baldacci
Baldwin
Ballenger
Barcia
Barrett
Bartlett
Barton
Bass
Becerra
Bentsen
Bereuter
Berkley
Berman
Berry
Biggart
Bilirakis
Bishop
Blumenauer
Blunt

Boehlert
Boehner
Bonilla
Bonior
Bono
Boozman
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Bryant
Burton
Buyer
Callahan
Calvert
Camp
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Carson (IN)
Carson (OK)
Castle

Chabot
Chambliss
Clay
Clayton
Clement
Clyburn
Coble
Condit
Conyers
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crenshaw
Crowley
Cubin
Culberson
Cunningham
Davis (CA)
Davis (FL)
Davis (IL)
Davis, Jo Ann
Davis, Tom
Deal
DeFazio
DeGette
Delahunt

DeLauro
DeMint
Deutsch
Diaz-Balart
Dicks
Dingell
Doggett
Doolittle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Ferguson
Filner
Flake
Fletcher
Foley
Forbes
Ford
Fossella
Frank
Frelinghuysen
Frost
Gallegly
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Goodlatte
Gordon
Goss
Graham
Granger
Graves
Green (TX)
Green (WI)
Greenwood
Grucci
Gutierrez
Gutknecht
Hall (TX)
Harman
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hill
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Honda
Hooley
Horn
Hostettler
Houghton
Hoyer
Hunter
Hyde
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee
(TX)
Jefferson
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller

Kelly
Kennedy (MN)
Kennedy (RI)
Kerns
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Kirk
Kleczka
Knollenberg
Kolbe
Kucinich
LaFalce
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
LoBlundo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Markay
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Millender-
McDonald
Miller, Dan
Miller, Gary
Miller, Jeff
Mollohan
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Myrick
Napolitano
Neal
Ney
Northup
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Portman

Price (NC)
Pryce (OH)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Reyes
Reynolds
Riley
Rivers
Rodriguez
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Rush
Ryan (WI)
Ryun (KS)
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Saxton
Schakowsky
Schiff
Schrock
Scott
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Shuster
Simmons
Simpson
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Spratt
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sununu
Sweeney
Tancred
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tiahrt
Tiberi

Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler

Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf

Woolsey
Wu
Wynn
Young (AK)
Young (FL)

NOT VOTING—35

Baird
Barr
Blagojevich
Brown (FL)
Burr
Collins
Combest
Cummings
DeLay
Dooley
Doyle
Ehrlich

Ganske
Hansen
Hilleary
Hulshof
John
LaTourette
Lipinski
Lynch
Mascara
McKinney
Miller, George
Mink

Nadler
Nethercutt
Pelosi
Phelps
Roemer
Roukema
Schaffer
Stark
Stump
Watson (CA)
Watts (OK)

□ 1910

So (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. ROEMER. Mr. Speaker, I regret that as a result of an important, previously scheduled personal commitment, I was not able to be present in the House of Representatives to cast two votes on Tuesday, September 17, 2002. Had I been present in the chamber, I would have voted "yea" on rollcall No. 389 on H.R. 4102—The Rollan D. Melton Post Office Designation Act, and "yea" on rollcall No. 390 on H.R. 5333—The Joseph D. Early Post Office Designation Act.

PERSONAL EXPLANATION

Mr. WATTS of Oklahoma. Mr. Speaker, I was unavoidably detained in my district and missed Recorded Votes on Tuesday, September 17, 2002. I would like the RECORD to reflect that, had I been present, I would have cast the following votes: on Passage of H. Con. Res. 435, I would have voted "yea"; on Passage of H.R. 4102, I would have voted "yea"; on Passage of H.R. 5333, I would have voted "yea".

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Sherman Williams, one of his secretaries.

MAKING IN ORDER MOTIONS TO SUSPEND THE RULES ON WEDNESDAY, SEPTEMBER 18, 2002

Mr. ARMEY. Mr. Speaker, I ask unanimous consent that it be in order at any time on the legislative day of Wednesday, September 18, 2002, for the Speaker to entertain motions that the House suspend the rules relating to the following measures: H. Res. 523 and H. Con. Res. 337.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

□ 1915

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF HOUSE RESOLUTION 524, SENSE OF HOUSE THAT CONGRESS SHOULD COMPLETE ACTION ON PERMANENT DEATH TAX REPEAL ACT OF 2002, AND HOUSE RESOLUTION 525, SENSE OF HOUSE THAT CONGRESS SHOULD COMPLETE ACTION ON LEGISLATION EXTENDING AND STRENGTHENING SUCCESSFUL 1996 WELFARE REFORMS

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 107-660) on the resolution (H. Res. 527) providing for consideration of the resolution (H. Res. 524) expressing the sense of the House that Congress should complete action on the Permanent Death Tax Repeal Act of 2002, and for consideration of the resolution (H. Res. 525) expressing the sense of the House of Representatives that the 107th Congress should complete action on and present to the President, before September 30, 2002, legislation extending and strengthening the successful 1996 welfare reforms, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1701, CONSUMER RENTAL PURCHASE AGREEMENT ACT

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 107-661) on the resolution (H. Res. 528) providing for consideration of the bill (H.R. 1701) to amend the Consumer Credit Protection Act to assure meaningful disclosures of the terms of rental-purchase agreements, including disclosures of all costs to consumers under such agreements, to provide certain substantive rights to consumers under such agreements, and for other purposes, which was referred to the House Calendar and ordered to be printed.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 3295, HELP AMERICA VOTE ACT OF 2001

Ms. WATERS. Mr. Speaker, pursuant to clause 7(c) of rule XXII, I hereby announce my intention to offer a motion to instruct conferees on H.R. 3295 tomorrow.

The form of the motion is as follows:

Ms. WATERS moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendments to the bill H.R. 3295 be instructed to take such actions as may be appropriate to ensure that a conference report is filed on the bill prior to October 1, 2002.

AUTHORIZING USE OF CAPITOL ROTUNDA TO PRESENT CONGRESSIONAL GOLD MEDAL TO GENERAL HENRY H. SHELTON

Mr. EHLERS. Mr. Speaker, I ask unanimous consent that the Committee on House Administration be discharged from further consideration of the concurrent resolution (H. Con. Res. 469) authorizing the Rotunda of the Capitol to be used on September 19, 2002, for a ceremony to present the Congressional Gold Medal to General Henry H. Shelton (USA, Ret.), and ask for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore (Mr. DUNCAN). Is there objection to the request of the gentleman from Michigan?

There was no objection.

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 469

Resolved by the House of Representatives (the Senate concurring), That the Rotunda of the Capitol is authorized to be used on September 19, 2002, for a ceremony to present the Congressional Gold Medal to General Henry H. Shelton (USA, Ret.). Physical preparations for the ceremony shall be carried out in accordance with such conditions as the Architect of the Capitol may prescribe.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. EHLERS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H. Con. Res. 469.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

COMMUNICATION FROM STAFF DIRECTOR AND CHIEF COUNSEL, SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES, COMMITTEE ON GOVERNMENT REFORM

The SPEAKER pro tempore laid before the House the following communication from Christopher Donesa, Staff Director and Chief Counsel, Subcommittee on Criminal Justice, Drug Policy and Human Resources, Committee on Government Reform:

HOUSE OF REPRESENTATIVES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC, September 10, 2002.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules

of the House of Representatives, that I have been served with a subpoena for testimony before a general court martial of the United States.

After consultation with the Office of General Counsel, I will make the determinations required by Rule VIII.

Sincerely,

CHRISTOPHER DONESA,
Staff Director and
Chief Counsel, Subcommittee on Criminal Justice, Drug Policy and Human Resources.

COMMUNICATION FROM PROFESSIONAL STAFF MEMBER, SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES, COMMITTEE ON GOVERNMENT REFORM

The SPEAKER pro tempore laid before the House the following communication from Kevin Long, Professional Staff Member, Subcommittee on Criminal Justice, Drug Policy and Human Resources, Committee on Government Reform:

HOUSE OF REPRESENTATIVES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC, September 10, 2002.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a subpoena for testimony before a general court martial of the United States.

After consultation with the Office of General Counsel, I will make the determinations required by Rule VIII.

Sincerely,

KEVIN LONG,
Professional Staff Member.

COMMUNICATION FROM PROFESSIONAL STAFF MEMBER, SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES, COMMITTEE ON GOVERNMENT REFORM

The SPEAKER pro tempore laid before the House the following communication from Scott Feeney, Professional Staff Member, Subcommittee on Criminal Justice, Drug Policy and Human Resources, Committee on Government Reform:

HOUSE OF REPRESENTATIVES,
Washington, DC, September 10, 2002.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a subpoena for testimony before a general court martial of the United States.

After consultation with the Office of General Counsel, I will make the determinations required by Rule VIII.

Sincerely,

SCOTT FEENEY,
Professional Staff Member.

COMMUNICATION FROM MINORITY COUNSEL, SUBCOMMITTEE ON CRIMINAL JUSTICE, DRUG POLICY AND HUMAN RESOURCES, COMMITTEE ON GOVERNMENT REFORM

The SPEAKER pro tempore laid before the House the following communication from Julian A. Haywood, Minority Counsel, Subcommittee on Criminal Justice, Drug Policy and Human Resources, Committee on Government Reform:

HOUSE OF REPRESENTATIVES,
COMMITTEE ON GOVERNMENT REFORM,
Washington, DC, September 16, 2002.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a subpoena for testimony before a general court martial of the United States.

After consultation with the Office of General Counsel, I will make the determinations required by Rule VIII.

Sincerely,

JULIAN A. HAYWOOD,
Minority Counsel.

SEMIANNUAL REPORT DETAILING TELECOMMUNICATIONS PAYMENTS MADE TO CUBA—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on International Relations:

To the Congress of the United States:

As required by section 1705(e)(6) of the Cuban Democracy Act of 1992, as amended by section 102(g) of the Cuban Liberty and Democratic Solidarity (LIBERTAD) Act of 1996, 22 U.S.C. 6004(e)(6), I transmit herewith a semi-annual report prepared by my Administration detailing payments made to Cuba by United States persons as a result of the provision of telecommunications services pursuant to Department of the Treasury specific licenses.

GEORGE W. BUSH.

THE WHITE HOUSE, September 17, 2002.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. FILNER) is recognized for 5 minutes.

(Mr. FILNER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. PHELPS) is recognized for 5 minutes.

(Mr. PHELPS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

RECORD INCREASE IN PUBLIC DEBT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Mississippi (Mr. TAYLOR) is recognized for 5 minutes.

Mr. TAYLOR of Mississippi. Mr. Speaker, last week the President of the United States went to Ohio and mentioned repeatedly that what this Congress needed was a budget. I agree. I wish he had included one more word in that, what this Congress needs is a "balanced" budget.

See, Mr. Speaker, last year this Congress, when there was still a Republican majority in the other body and a Republican majority in this body, gave the President his budget and gave the President his tax breaks. They passed both bodies by a fairly narrow margin, but they did indeed become law and the President signed them into law.

As a result of that budget, our Nation's debt has increased by \$440,605,894,921 in the past 12 months. To put that into perspective, our Nation is now \$6,210,481,675,956 in debt.

What is particularly disturbing about that is that as our President ponders sending the young men and women in uniform off to fight, most of whom are 23 years old or younger, I think it is particularly significant that in the lifetime of those soldiers and sailors who are 23 years of age or younger, our Nation's debt has increased by over \$5 trillion. What is particularly bad about that is, just like any individual who has a credit card, as long as we owe that money, we have to pay interest on it. The single largest expenditure of this Nation is not welfare, it is not food stamps, it is not veterans' health care, it is not building highways, it is not defending the Nation. It is squandered on interest on the national debt. We squander \$1 billion a day. That is 1,000 times 1,000 times 1,000 every day is squandered on the national debt.

Mr. Bush, I know that all of us are our fathers' sons. All of us are proud of our dads, and you should be particularly proud of your dad. After all, he

was the President of the United States. One of the things your dad did not do well was controlling the deficit when he was President. As a matter of fact, the largest deficit in our Nation's history took place during the fiscal year of 1991, when your dad was President. In that year, our Nation borrowed \$432 billion. That is 1,000 times 1,000 times 1,000 times 432 to make ends meet.

I regret to tell you, Mr. Bush, that you are on the way to breaking your dad's record; that in all probability, at the end of this year, you will have borrowed, with your budget passed through a Republican Senate and Republican House, more than that \$432 billion. So as you go to Ohio and tell folks that we need a balanced budget, I would only ask as one of 435 Members of this House that you include the word "balanced" budget.

Why do you not use your incredible popularity to ask the American people to get their Congressmen to support a constitutional amendment to balance the budget, so that this generation does not burden the next generation with our bills? After all, no mom or dad would go buy a house and say, "I don't care what it costs, because I am going to stick my child with that bill when they hit 40 years of age, when they reach the maximum income years."

None of us would go out and buy a fancy car, and say, "By the way, bill it to my grandchildren, whether they are born or not."

That is precisely what this Nation has been doing, particularly for the last 23 years, when it borrowed \$5 trillion.

On an aside, Mr. Bush, you made a very compelling case to the UN last Thursday, and I am in agreement; you have now convinced me that our Nation will be at war unless the Iraqis back down. If that is the case, then I must insist as a Member of Congress that the wise thing for our Nation to do would be to call up the Guard and Reserve. Over one-half of the force of the United States of America is in the Guard and Reserve.

If there is going to be a war, then I subscribe to former General and now Secretary of State Colin Powell's theory of the overwhelming use of force, and we cannot have the overwhelming use of force if the Guard and Reserve is not called up.

If we are going to do this, let us do this right. The best way to minimize American casualties is to use overwhelming force, and that has to include the calling up of the Guard and Reserves. If this is going to be a war, then it is going to be everybody's war, and the way you make it everyone's war is including the National Guard and the various branches of the Reserves in the effort.

I would also hope that this body has an opportunity to vote on it. But, prior to that vote, I would highly recommend that the Guard and Reserve be called up, because the Iraqis watch

Cable News Network also, and I think as an American people, we should expect attacks on American soil through acts of terror from the minute that that vote is taken, and we should be prepared for that as a Nation. The only way to be prepared for that as a Nation is to have the Guard and Reserve called up.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are reminded that their remarks in debate should be addressed to the Chair. It is not in order to direct remarks directly to the President of the United States.

BALANCING THE BUDGET

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. STENHOLM) is recognized for 5 minutes.

Mr. STENHOLM. Mr. Speaker, I want to continue on the general thesis of the concern that many of us have on this side of the aisle, that we seemingly have forgotten about budgets and balanced budgets and we seem to not be willing to talk about the deficits that are now occurring. That is very alarming.

As you know, last year this body passed a budget, an economic game plan. There seems to be a great reluctance to change that plan, which means that we are now willingly going to be endorsing deficits as far as the eye can see.

We on this side on the Blue Dog Caucus have repeatedly offered to work in a bipartisan way with our friends on the other side of the aisle and with the administration to come up with a new budget plan. But there seems to be no desire whatsoever to do so.

We now are very concerned, because at the end of this month the few remaining budget rules that have worked fairly good over the most recent period of time when we did achieve a balanced budget, pay-go, simply saying if you are going to increase spending you have got to find some cut somewhere else, expire. If you are going to cut taxes, you have got to find somewhere else to pay for it. It has worked pretty good, when the spirit of this body was behind it.

Now, Mr. Speaker, there seems to be no willingness of the leadership of this House to pass these budget enforcement rules so that they might at least be enforced, and some would say so they can be ignored, which is basically what we have been doing in this body all year. The rules we have, we ignore them and we pass a rule over the objection of the minority.

The Committee for a Responsible Federal Budget makes a very compelling argument that we should stop blaming the other body for what they are not doing and just us do our job. It would seem that it would make a lot

more sense to all of us in this body if we passed all 13 appropriation bills. Then we would have something to be concerned about, whether the Senate does or does not pass a budget.

□ 1930

But we seemingly are not going to be able to pass the 13 appropriation bills, but some of us seem perfectly willing to find somebody to blame. I was reminded a long time ago when you are pointing the finger of blame at someone else, there are always three pointing back at you; and we need to be reminded and we are going to take to the floor quite often over the next several days and remind everyone of the multitude of budget votes, lockbox votes that we voted in this body almost unanimously that no one was going to touch the Social Security surplus. We are. And as far as the eye can see, we are going to be doing it again.

Running up debt, we increased our Nation's debt by \$450 billion in a vote last year. We are going to have to do it again early next year because, as the gentleman from Mississippi (Mr. TAYLOR) pointed out, our public debt outstanding has now gone to \$6.210 trillion. That is an increase of \$440 billion, and I said increase because seemingly when you read the press and you read the rhetoric of what we are attempting to be told that it is not that bad, it is that bad. It is a serious problem, and it goes far beyond the war on terrorism.

CBO says the impact of September 11 represents only about 11 percent of the total deterioration of the surplus since last year, and now we are being told that we are going to possibly be in another war, that the estimated cost now ranges somewhere between 100 and \$200 billion. We should spend some time, instead of doing what we seem to be doing here this week, very few votes of substance, very few discussions, no bills being proposed to put the pay-go rules and putting some budget discipline back into our budget, no one talking about a budget, no one talking about a new budget, which means that somebody ought to come on this floor and defend the budget that we are now under.

Come on this floor and honestly talk about the fact that we have borrowed in the last 12 months \$440 billion; \$440 billion that we have borrowed. We owe the Social Security trust fund \$1.3 trillion. We owe Medicare \$263 billion. We owe the military retirement fund \$164 billion. We owe the civil service retirement and disability fund \$535 billion, and we are increasing that. I do not think that is the kind of a budget confidence vote that the markets are looking at or that anyone is looking at today.

I would conclude my remarks by saying Congress and the President need to come up with a new budget and economic game plan to deal with the changes in our budgetary outlook and deal with the new circumstances facing this country. To do otherwise is fiscally irresponsible.

IMPLEMENTING A LONG-TERM BUDGET PLAN

The SPEAKER pro tempore (Mr. DUNCAN). Under a previous order of the House, the gentleman from Florida (Mr. BOYD) is recognized for 5 minutes.

Mr. BOYD. Mr. Speaker, I want to follow up on the themes that were developed by the gentleman from Mississippi (Mr. TAYLOR) and the gentleman from Texas (Mr. STENHOLM).

Mr. Speaker, we are less than 2 weeks away from the end of the fiscal year, and it is rapidly becoming very clear that the leadership of the House, this House of Representatives, has painted itself into a corner. How do we implement a responsible long-term budget plan? How do we extend the current budget enforcement rules that help control discretionary spending and require offsets for mandatory spending and new tax cuts? These budget enforcement rules are set to expire on October 1. How do we enact the 13 annual appropriations bills in regular order?

All of these questions must be answered by the House leadership if we are going to stem the flow of red ink and put the Federal budget back on the path to balance. Unfortunately, the only solution that the House leadership seems to have is to pretend that these deadlines do not exist. This is not a workable solution.

The Blue Dog Coalition has offered to work with the Republican leadership to develop bipartisan answers to these questions by establishing a viable long-term budget, extending the budget enforcement rules to control both the tax side and the spending side of the Federal budget, and to develop a road map to enact the appropriations bills in a fiscally responsible manner. We have offered in the past to work with the leadership, and we do that again this week.

First, Congress and the President need to make tough choices to address the changes in the budget outlook. The President has an obligation to lead in proposing a game plan to deal with the changed circumstances and to put the budget back on a path to balance without using the Social Security surplus. Right now under the President's budget, we will be borrowing from the Social Security trust fund until at least 2009. Given that the House of Representatives has voted seven times since I have been in this House in 5½ years to protect the Social Security trust fund by placing it in a lockbox, it is simply unacceptable to borrow the Social Security trust fund for the next 8 years to operate the general revenue side of the government. This is why we must sit down in a bipartisan manner and develop realistic tax and spending levels that will put us back on the glide path to a balanced budget.

Next, we must extend the budget caps which are set to expire, the provisions of the Budget Enforcement Act of 1990, which were adopted on a bipartisan basis expire, as I said earlier, on October 1. Unless we renew our budget

discipline, Congress will continue to find ways to pass more legislation that puts still more red ink on the national ledger. Even Alan Greenspan and the Concord Coalition agree that steps must be taken to answer these questions in such a way that we balance the budget. Chairman Greenspan stated, and I quote, "Failing to preserve (budget enforcement rules) would be a grave mistake . . ." The Concord Coalition warned that allowing budget enforcement rules to expire is "an open invitation to fiscal chaos."

Finally, we must work together to develop a bipartisan proposal to finish the 13 appropriations bills.

Mr. Speaker, our fiscal year ends in about 2 weeks. Over the past few years, when Congress and the President have not been able to finish the 13 appropriations bills, spending has far exceeded the levels that were recommended in the budget resolution earlier in the year. This year, we have not sent one of the 13, not one of the 13 appropriations bills to the President for his signature. As a matter of fact, the House, the House of Representatives has passed only three of the 13 regular appropriations bills off of the House floor; and again, the fiscal year ends in 2 weeks. There have been none that have been voted on on this House floor, or none scheduled since Labor Day, since we returned to our work from the August recess.

Mr. Speaker, it is vital, if we are going to put the budget back on the path to a balanced budget, that we work together to control the discretionary spending on these 13 bills. Working together in a bipartisan basis, we can balance the budget, just like we did in the Balanced Budget Act of 1997. This is why I urge and call upon the President and the Republican congressional leadership to work with us to develop bipartisan proposals that will ensure that we have a fiscally responsible government.

SUPPORT H.R. 3612, THE MEDICAID COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, I rise to request support for H.R. 3612, the Medicaid Community-based Attendant Services and Supports Act, also known as MiCASSA. This bill will enable our older Americans and citizens with disabilities who qualify for long-term care services under the Medicaid program to receive the non-institutional community support service options they are entitled to under the Americans With Disabilities Act.

The Americans With Disabilities Act, signed into law by President Bush in 1990, ushered in a new era of promise for a segment of our population whose talents and rights as American citizens have been too long ignored. It promised

a new social compact to end the paternalistic patterns of the past that took away our rights if we become disabled. It says that people with disabilities have the right to be active participants integrated into the everyday life of society. This premise, however, cannot become a reality until we roll up our sleeves and do the work necessary to eliminate the barriers that still hinder its full implementation.

In its 1999 Olmstead ruling, the Supreme Court said that States violate the Americans With Disabilities Act when they unnecessarily put people with disabilities in institutions. The problem is that our Federal-State Medicaid program has not been updated and has a built-in bias that results in the unnecessary isolation and segregation of many of our senior citizens and younger adults in institutions.

Too often, decisions relating to the provision of long-term services and supports are influenced by what is reimbursable under Federal and State Medicaid policy rather than by what individuals need and deserve. Research has revealed a significant bias in the Medicaid program towards reimbursing services provided in institutions over services provided in home and community settings. The only option currently guaranteed by Federal law in every State is nursing home care. Other options have existed for decades, but their spread has been fiscally choked off by the fact that 75 percent of our long-term care dollars go into institutional settings, in spite of the fact that studies show that many people do better in home and community settings.

Only 27 States have adopted the benefit option of providing personal care services under the Medicaid program. Although every State has chosen to provide certain services under home and community-based waivers, these services are unevenly distributed, have long waiting lists, and reach just a small percentage of eligible individuals.

Governor Howard Dean is a physician and Vermont's Chief Executive. He recently testified on Capitol Hill on behalf of the National Governors Association and asked Congress to give the States the tools they need to grow home and community-based service. In his testimony he said, "We can provide a higher quality of life by avoiding institutional services whenever possible. Some people insist we will need more nursing homes. They are wrong. Baby boomers today are looking for alternatives for their parents. We can't afford to protect the status quo. We need to listen to people and act boldly to develop those services they want and are, in fact, affordable."

So I ask, Mr. Speaker, all Members of this honorable body to be in support of services for individuals in home-based settings so that they too can realize the assurance of living as they choose and as they see fit. Support MiCASSA.

DOMESTIC POLICY AND INTERNATIONAL POLICY

The SPEAKER pro tempore (Mr. OSBORNE). Under the Speaker's announced policy of January 3, 2001, the gentleman from Colorado (Mr. MCINNIS) is recognized for 60 minutes as the designee of the majority leader.

Mr. MCINNIS. Mr. Speaker, there are two subjects that I want to address this evening, and both are of critical importance to us. One involves domestic policy, and one of them involves international policy. Obviously, we can guess what the international policy would be: dealing with Iraq, dealing with our war on terror, dealing with the United Nations resolutions. But before I get into the international discussion that I want to have this evening with my colleagues, I want to discuss the domestic situation involving a subject a long ways away from the al Qaeda or from Afghanistan or from Iraq or from the United Nations resolutions. I want to talk for a few minutes about the national forests, especially the national forests on public lands.

Now, public lands are lands that are owned by the government. It could be a local government, it could be a State government, or it could be Federal Government. The largest owner of land in the United States obviously is the United States Federal Government. They own millions and millions and millions of acres of land in this country.

Now, when this country was first developed, our population was primarily on the east coast, and the government wanted to grow our big country. As our country began to make land acquisitions, for example, the Louisiana Purchase and things like that, they knew that in order to expand the country, we not only had to buy the land, but we had to occupy the land. We had to put people on the land.

□ 1945

We had to have the people willing to protect the land. The best way to do that was not to give them a deed that said, Here is some land out in the West. Obviously, to grow our country we needed to move it west. We needed to move the population west. West in the early days was West Virginia. People did not have to go very far west to find out that they were in wilderness areas.

To do this, the Federal Government knew that they could not just give a piece of paper that said someone owned a piece of property out in the State of Kansas or Missouri or up in the Colorado mountains. They knew they could not do just that.

Today, it is a little different. Today, one can actually have a piece of property in Colorado, and one can live in Florida, and their rights as a private property owner are respected. They do not have to worry about squatters or about people taking over their land when they were not there.

But in the early days of the country, that was not true. That is not what the

situation was. In the early days, one had to possess or be on the property; and frankly, they had to have a six-shooter strapped to their sides. That, in fact, is where the saying "possession is nine-tenths of the law," that is where that saying came from; that is, that to hold that land, they needed to go out there and be on it.

The government wanted to expand. They had to figure out, how do we encourage people to leave the comforts of the East Coast? How do we encourage our population on the East Coast to move inward, to move west? How do we do this?

They came up with an idea. In the Revolutionary War, our government bribed the soldiers, the British soldiers. We bribed the soldiers in such a way that we offered them free land, free land if they would defect from the British troops and join the American troops in our efforts against the Brits.

So they decided to follow the same type of philosophy or the same strategy. That strategy is to offer free land to people if they would go out and settle on the new land that the government had acquired. If they would agree to do that, the government would give them land. That is where we had the act like the Homestead Act take place, where the government would give people, if they would go out and work the land for a period of time, 3 to 5 years, they would give 160 acres or 320 acres.

People bought into that concept. It really did begin the movement of taking this country to the West, the opportunity of free land. Then we combine that with other things that we began to do in the mid-1860s, for example, the continental railroad, the completion of the continental railroad; and the ability for a merchant to be able to ship merchandise from one store that he or she owned to another store he or she owned; and time zones in the country. There were a lot of things that were changing with the Industrial Revolution. We saw this huge movement to the West. We were able to possess the lands that the United States as a government purchased; so we had that possession. That possession is nine-tenths of the law. We were able to accomplish that.

But what happened was when these settlers hit the Rocky Mountains, when they hit the western part of the United States, which is different than the eastern part of the United States geographically and in water measurements, because, for example, in the East in a typical year, and this is not a typical year, but in a typical year when our Nation is not suffering from a drought, we have lots of water in the East. In fact, the situation in the East usually is, how do we get rid of the water, or shove it over on our neighbor's property?

In the West, it is a very arid region. It is the arid region of the country. In fact, almost half the country has about 14 percent of the water. That is the West: the Rocky Mountains, the Utahs,

the Nevadas, the Californias; and Montana, Wyoming, States like that. This is a very arid place.

What happened when our country was attempting to get people to possess that land? They would not do it, because 160 acres was not enough. See, even in eastern Colorado, and, now, my district consists of the mountains of western Colorado, but in eastern Colorado, with 160 acres in a typical year one could support a family in those early days. But once one hits the mountains of Colorado or hit western Colorado, or the Rocky Mountains in Montana, or the mountain ranges in New Mexico or places like that, 160 acres would not even feed a cow; would not even feed a cow. So they had to come up with something different.

What was happening was people were moving to the West, going to the West; but as soon as they hit those Rocky Mountain regions, as soon as they hit the arid areas, they went around them. They went around to the fertile valleys in the State of California, or they went to other places; or settled out in Nebraska or Kansas or Missouri or Arkansas, places like that where the land was much more fertile, the water was much more plentiful.

So word got back to Washington: Look, this strategy of ours, this strategy of giving land for people to possess so we have people on the land to grow our Nation, our great Nation, is working fine except when we hit the arid States of the West.

Somebody said, well, what shall we do? Shall we give them a proportionate amount of land, like 3,000 acres, which would be the equivalent of, say, 160 acres as far as what one could grow on it? It is proportionate to what one could grow on it. The answer was, Wow, we have gotten a lot of political heat here in Washington, D.C. simply because we gave so much land to the railroads.

As we know, there were a lot of robber barons. It sounds kind of familiar with some of the times we are facing right now. There was a lot of political heat because of the robber barons and the railroads, so the decision was very consciously made: Do not give them ownership of the land, these people, but let them use the land, to avoid the political heat. Let us go ahead and keep the property in the government's name, although originally all along it was intended to go to private hands; but to avoid the political heat, let us go ahead and keep the title to the land, and let the people use the land.

That was the birth of a concept called multiple use, many uses. That is where the concept of multiple use on Federal lands was conceived. When I grew up, for example, and I guess this is the best way to define multiple use, when I grew up and people went to the Federal lands, which in my district, there are probably 120 communities in my district, and actually, geographically, my district is larger than the State of Florida, but in my district,

the Federal lands encircle every community except one. So of the approximately 120 communities in my district, 119 of them are completely circled by this land owned by the government.

Now, up until about the 1970s it was not a problem, because the land, under this concept of multiple use, was utilized and best described by a sign when one entered the forest that said, for example, "Welcome to the White River National Forest, a land of many uses." It was a land of many uses.

Well, it was not long before we had people in the East, while they were the beneficiaries of private land, and if we take a look at a map of the United States of America, we will find it very interesting. I know it is hard to see my pen here, but let me see if I can demonstrate quickly the differences between private ownership and government ownership as it relates to the United States and the geography of our country.

Now, obviously, Mr. Speaker, I am not an artist, so I am not trying to be an artist. I will just do a basic form, give or take, of the United States. My pen, unfortunately, is not working very well. Here is the eastern United States. Here is New York, Florida, places like that.

Basically, where my point is right here, right where I cross right here on the chart, to my left here, in the western United States, there are vast amounts of public land. That is where the majority, the great majority of the public land in the United States is located, in the western part of this country.

In the eastern part of the country we have a couple of large holdings, not huge, but large holdings of Federal land. We have the Everglades down in Florida, we have the Appalachians, and we have a little up here in the Northeast. Other than that, if we were to apply the color red to this poster board I have here, and this were the western United States, it would be almost all red. On the eastern side we would see little blotches of red, but very, very little of red in proportion to the West.

So the problem that happens is that we have a lot of people in the eastern United States that have very little experience with public lands. Their lands are owned by their neighbors, or they own the lands; they are not owned by the Federal Government. If we go to Pennsylvania or out to Missouri or some of these States, or even eastern Colorado, and when we have a planning and zoning meeting, that planning and zoning meeting is held at the local county courthouse or the local city hall. When we go to the West where the land is still owned by the government, those meetings are held in Washington, D.C. That is who does the planning and zoning out there for those Federal lands.

So it has always been a little pet peeve with those of us in the West that people in the East, with all due respect, have very little experience with public

lands. They do not have the water issues that we do in the West, but they like to tell us in the West what is best for us in the West.

That is what happened many years ago in regard to our forests. Keep in mind that the majority of the forests in the eastern United States are privately owned. Whether we go down to the Carolinas, if we go to Florida, places like that, Minnesota, these forests are owned privately, the big majority of them.

In the West, our forests are primarily on public lands; so what we see, what we tend to see, is private forests usually produce better, and private forests generally are managed better. Why is that? Because in the West we have many, many different hands and fingers in the management of it because it is public lands.

Now, I think with public lands we have a pretty high fiduciary duty to manage those public lands, and we have to take care of those lands, because they do belong to all of us; although I think some precedent should be given to people who have to survive and live on those lands, that are completely surrounded by those lands, that depend for their water from those lands, that depend on their highways being able to come across those lands, that depend upon the power lines and the cellular phone towers. I could go on and on about how dependent in the West we are on public lands, a dependency not recognized nor necessitated in the East.

What happened? In the West we began to suffer, and actually not just in the West but throughout this country we have suffered massive forest fires. In the 1930s, society did not really accept fires as a natural course of a forest collapsing itself, so we decided that because the fires were such a threat to the human population and to wildlife populations and to watersheds and so on, that we would begin a very aggressive effort to fight the forest fires. Instead of letting them burn, we would fight them.

In the early days, around the turn of the century, we would have between 40 and 50 million acres a year on fire, 40 to 50 million acres a year that were on fire. What happened as a result of very effective work, frankly, by the American people and the Forest Service and the different fire agencies, we were able to restrain or restrict those fires from 30 or 40 or 50 million acres a year to 2 or 3 million acres a year, maybe 4 million acres a year, because we became very efficient with public relations: Smokey, the bear: Be careful, put your campfire out completely, pour water on it, et cetera, et cetera.

What happened through the evolution of time, a very short evolution of time, through the last 3 or 4 decades or so, man became very good at controlling fire. Unfortunately, we begin to see these forests, forests that would have, say, 20 trees per acre, all of a sudden begin to get 30 trees per acre,

which was not the natural course of that acreage; then, pretty soon, 30 or 40 or 50 trees per acre.

Now, many of those acres out there that nature had always had by economics and balances, as nature does it, instead of having maybe 20 or 30 or 40 trees per acre, we now have 600 or 700 or 800 trees per acre. It has become a tinderbox. It has become gunpowder.

What has happened is that we had some terrible abuses by lumber companies in the '30s and '40s and '50s and '60s. These lumber companies would go in and they would use the concept of clear-cutting, where they cut everything in sight. They would leave a mess behind. They did not take into consideration the watersheds.

Frankly, there were a lot of scientific things that they did not know at that time that we know today that did a lot of harm back then when they carried out those policies of cutting lumber in those forests.

So thank goodness we begin to recognize some of that. We begin to get a tighter control, especially on public forests; because, after all, those do belong to the people. We begin to get a tighter grip on what was going on out there. We begin to apply more science to our forests. We had some very wholesome environmental movements to help us protect those forests.

□ 2000

But as is typical in our country, we wait for something to get to a crisis, which is exactly what happened on many of our forests, one, through our own forest management policies, and, two, through really unmonitored forest timbering, taking the lumber out of the forest, unmonitored. That is the extreme.

We realize and we see the damage that has happened. And as is a typical government response, it overresponds. So we come over here and at first solid environmental organizations came forward and conscientious conservatives came in and said, We need to conserve. We need to have more conservation in this area. We need to use better policies, and we were in hopes that we could bring that into balance.

But what has happened over the last 15 years in large part is as a result of radical environmental organizations, and not all environmental organizations are radical and I am not professing that up here. But I am telling you the Earth First, the Wilderness Society, the National Sierra Club, they operate on the Earth First strategy, and that is take the radical approach. And the approach that they have used in these public forests, primarily in the West, is preventing us, preventing us from going in and doing carefully monitored thinning and treating of these forests. You have got to manage these forests and we are not being allowed to do it. Lawsuit after lawsuit after lawsuit. Litigation for 3, 4, 5, 6 years into the future in order for you to go in and treat under a carefully monitored pro-

gram, under the direction of the forest scientists, under the science of the forest, to go in and treat this forest.

What happens? Well, over time these forests get more and more trees per acre, and pretty soon some of those trees begin the national evolution. They die off and they fall on the forest floor. And pretty soon the forest floor begins to build up what we call fuel, dead leaves, dead trees. They are not being cleaned out. They are not being cleaned naturally as they were 100 years ago by fire. Instead, they are being controlled by, one, by controlled fire. We are learning more about that as we go on. And, two, we have organizations out there that would like to, every time you talk about going and treating a forest, they like to spin it, they like to spin it into lumber. You are helping some big lumber company. You will clear-cut. You will cut all of the big trees out of there.

It is a bunch of hype. It is a bunch of spin. And, unfortunately, they are so good with public relations, they spend so much money on advertising and commercials on TV, it is easy for them to convince the public that you should have hands-off on the forest or that the only place you should go and look at the forests is where it abuts up against the home.

They completely ignore watersheds. What are watersheds? In the mountains, for example, the water for a community usually is many, many miles away from that community; and it is up on the top of the mountain or side of the mountain and it is called the watershed, where the waters accumulate from the high snows.

My district is the highest elevation on the continent. So up at high altitudes of 10, 12, 13, 14,000 feet we have accumulation of water, watersheds, and those watersheds make their way down the mountains into the communities. We need to manage these forests. We need to protect those watersheds. And what has happened is over the years, in part, not totally, because the drought was a major contributing factor to the major forest fires we had this year; but in part we had people whose sole intent was to obstruct the process of the science of the forest. And once again today we are seeing it happen over again.

This summer has been a devastating summer in regards to forest fires. Take a look at the State of Oregon. How many hundreds of thousands of acres in the largest fire in that State's history. Take a look at the State of Arizona, hundreds of thousands of acres on fire in the largest fire in the history of that State. Take a look at my own home State, the State of Colorado, the Haymen fire, hundreds of thousands of acres in that State, in the State of Colorado, the largest fire in its history.

We have had massive fires this year. You cannot allow a forest, whether it is right next to what is called the urban interface, which means right next to the communities, whether it is

right next to the communities or whether it is deep into the forests, you cannot allow those forests to accumulate the kind of growth that they have accumulated. You have got to manage those forests. And just by common sense we cannot let fire run wild. We still have to control fire. Controlled fires are one of the tools that we can help to treat and thin forests, but it is by no means the only tool, and it is by no means a major tool. Because, frankly, one out of every 20 controlled fires we have we lose control of them. That is what happened down in Mexico. That is what happened in the great Yellowstone fire a few years ago. We lost control of a controlled burn.

We have to go in there and manage these forests. The best people to manage those forests are not the public relations or political strategists for Earth First, the Wilderness Society and the National Sierra Club. Those are not the people that should be managing our forests. Nor should the Congressmen be managing our forests.

The people that ought to manage our forests are the people who are educated about forest science from some of the best universities in the country. Colorado State University, for example. From the people who have their hands in the forest soil every day of the week. From the experts on forest policy, on trees, how to grow trees, what is the proper amount of balance in that ecosystem that we have out there. Those are the people whose opinions should primarily drive forest fire policy and forest health policy in this country.

Now, I am chairman of the Subcommittee on Forests and Forest Health of the Committee on Resources, and that committee has oversight responsibility on all the forests in the Nation. And I am telling you, under my direction on that committee, our committee is determined to try and get management of the forests back to the scientists of the forests. But it is no easy task. I can tell you that the Wilderness Society, the National Sierra Club and their cohorts, the Earth First and some of these other organizations, they do not want to give up that territory. They have enjoyed the power of being able to control the management of America's forests through emotional arguments, through political, strategized, public relations campaigns; and you can pick up and see advertisements about it; and what has happened, I will tell you that some of the people in some of these organizations are well intended. But what we are running into right now is obstructionism. The radical organizations are trying to litigate, paralysis by analysis, and every time that you talk about the necessity to go into a forest and help thin it out for the forest's health, to help prevent fires, and whether there is a fire or not, just for the health of the forest in general because the scientists say that is the thing to do, do you know what happens? Right away we get some of the

radical organizations, many of which do not even live near that forest, start filing actions and appeals in the courtroom. Our litigation today runs 3 to 5 to 10 years on some of these treatment projects.

Now, I have proposed a bill and it is a bill with bipartisan support. It is a bill that we have bipartisan working groups on. It is the most promising bill we have in the U.S. House of Representatives for a bipartisan compromise to help us go in and treat these forests. And guess what happens? We have not even got off first base. We have just come up with the idea, hey, let us stay within the environmental laws but let us stop this paralysis by analysis. Let us stop these organizations, from Earth First, for example, or the Wilderness Society from being able to litigate this from here as far as time can see, from one court to the next court to the next court. Let us put aside the spin that every time we want to clean out a forest that there must be some under-the-table deal with some lumber company out there.

What we are attempting to do with our bill to keep the environmental regulations that we have, keep public input, this is the forest of the public and the input of the public is absolutely crucial; but the public input should not go on and on and on. At some point you must make a decision. At some point we need to move on these forests.

Right now we have 175 million acres of forest property; 175 million acres that has not been treated; 75 million acres of that property is ready to explode, especially when we have a summer like the summer we just got through with serious droughts in many of these States and we saw what happened. Just a simple cigarette in Durango, Colorado, a simple cigarette that was thrown out a window blew up a fire that burned tens and tens and tens of thousands of acres, destroyed homes. And after it destroyed the homes, it brings the mudslides that destroy more homes.

Some of this can be prevented through proper management of our forests; and not only just the fires, our wildlife needs proper management in the forests. Good wildlife habitat has meadows in it. You have better wildlife habitat on an average piece of land, let us say an average acre of land, you have better wildlife habitat, better plant habitat, better habitat for the entire ecosystem all around if you just have 20 or 30 trees per acre instead of 4, 5, 600 trees per acre, where the sun cannot get in; where if there is a fire it goes from canopy to canopy; where it burns so intense that it sterilizes the soil.

We are not just talking about forest fires. We are talking about wildlife. We are talking about forest fires. We are talking about the plants and the other things that are important for the whole system to balance out there. But we are having a very difficult time

being able to let the scientists come back in and manage the forests. And in large part it is because of a very aggressive political campaign which involves buying advertising in newspaper, radio ads and so on by different organizations. I think Earth First is in there. The Wilderness Society is in there. Of course, the National Sierra Club is in there. Greenpeace, some of these organizations, they are doing everything they can to make sure that we do not bring science into the forests.

That is not what has happened here on the House floor. That is not what is happening here with my colleagues.

My colleagues on both sides of the aisle have finally said, Look, enough is enough. We have got to do something about the management of this forest. I have got people like the gentleman from Oregon (Mr. DEFazio), a very driven, very focused and very recognized environmentalist in the United States Congress. I have got the gentleman from California (Mr. GEORGE MILLER). He and I have clashed from the entire time I have been up here. He is very ardent on his issues on the environment, a very strong proponent of the environment. I have the gentleman from Oregon (Mr. WALDEN), from the logging areas up in Oregon, who is a very strong proponent of the environment. Lumber is an important industry up in his district. He understands it. I have got myself. I have got other Members, Democrat and Republican, who have come together to try and structure a bill that keeps us within the environmental laws, that gives us the protection of environmental laws, that gives us public input, but allows this process to go forward. It stops paralysis by analysis. It does not allow these decisions to be made simply because you are able to stall it out through litigation, because some wealthy organization can file lawsuit after lawsuit after lawsuit.

And many of the mechanical treatment projects, about half the mechanical treatment projects we had lately, half of them were appealed. Half of them get into this paralysis by analysis. Now, not all of them were appealed by environmental organizations, and that is to their credit. And not all environmental organizations are being obstructionists in regards to what we are trying to do. We have some moderate, good, level-headed people out there that want something done with the forests.

So when I address the group, I am really addressing the most radical segment of an environmental community. And I am begging that segment, we have called them on the phone. We have begged them to come to the table; not to come to the table to fight, not to come to the table carrying protest signs, not to come to the table threatening more litigation; to come to the table just like we did with the Great Sand Dunes in my bill in Colorado; like

we did with the Spanish Peaks, my bill in Colorado; like we did with the Black Canyon Park, the Campbell bill in Colorado. We were able to get local people, local environmental communities together and we were able to customize. And that is what this bill does.

This allows our local environmental communities to come together with our local timber industries' representatives, for example, or the people that recreate or the wildlife experts. The wildlife people have a big opinion here because, as I said earlier, a healthy forest is very, very important for good healthy wildlife.

□ 2015

This bill will allow decisions to be made with public input, with judicial input. We just do not allow it to go on forever and ever and ever. This bill has been endorsed by newspapers as a reasonable approach.

What are we seeing? We are seeing the national organizations, primarily located in Washington, D.C., or primarily located outside the public lands, pooling large sums of money to run commercials. That is how threatened they are by the fact that science might come back to the forest, to run commercials by full-page newspaper advertising, talking about how bad this bill is; and they have never even seen the bill, to the best of my knowledge.

My point here tonight is we have got forests that are in real trouble. We have got wildlife out there that is in real trouble. We have an environment out there that is in real trouble, and a lot of it is because of the fact that we are not allowing the people who know best, our forest scientists, our wildlife experts, our water and aquatic life experts, we are not allowing them to manage the forest based on science. Instead, we are seeing the forests managed by litigation that stalls and stalls and stalls and by radical environmental organizations that fund political campaigns as if they are running somebody for office, running public relation campaigns which, by the way, they cannot put as newspaper articles because newspaper articles have to be at least a little bit factually correct. Their newspaper advertisements do not have to be. So they run it as paid advertisements throughout the public lands area.

Our young people, it is amazing, in our schools are not being given the education they need to understand that the science of the forest is a very complicated issue; and we need to let the scientists do it, not the elected office people, although they should set the policy, with input from the people that elect them, with input from the public, and we should not let these forests be run by Earth First.

I do not think Earth First or Greenpeace or the Wilderness Society or the National Sierra Club, and the National Sierra Club up until this summer's firefighting and the same with the Wilderness Society were not pro-

ponents of going in and treating a forest and thinning out. Now all of the sudden they have changed their leaf, and they are in favor of it, but only as it faces the city, as if none of these problems with wildlife, too many trees per acre, too much foliage or other problems occur anywhere but on the front of the forest. It does not occur in the middle of the forest, on our watersheds and so on, according to some of these people.

My committee is bound and determined to come up with a fair, common-sense policy. It is not our intent to shortcut anybody from public input. It is not the intent to do anything except allow the forest service experts, the wildlife experts and so on to get their opportunity to come in and manage the forests as they ought to be managed.

These forests are absolutely critical for the health of this country; and they are absolutely, they are eminently important for those of us who live out in the forests, who are completely surrounded by the forests, who are completely surrounded by public lands. We want good public land policy; and we want the people who live in those public lands, regardless of what side of the issue they are on, we want people who live within the borders of those public lands to have input as to what goes on with those public lands.

It is my intent to continue to pursue on a bipartisan basis, which I think is very important, and I intend to pursue in good faith discussions with people such as the gentleman from California (Mr. GEORGE MILLER), the gentleman from Oregon (Mr. DEFazio), the gentleman from Oregon (Mr. WALDEN), and a number of others out here, the gentleman from Virginia (Mr. GOODLATTE), to pursue good sound forest health policies. That is our goal and it is our target.

Let me shift gears very quickly and spend my remaining time talking about an issue far afield from forest health and forest management. I want to speak this evening about the situation with President Bush and Iraq.

I have a couple of posters I would like to start the conversation out with. This is a quote to my left here, and I would like my colleagues to read along with me. This is from President Bill Clinton. This quote is 4 or 5 years ago. This is what Bill Clinton said about Saddam Hussein. What if Saddam Hussein fails to comply, they are talking about inspections, and the disarmament, to disarm the weapons that we know Saddam Hussein is building, has or soon will be in the possession of, so what if Saddam Hussein fails to comply, and we fail to act, or we take some ambiguous third route?

Keep in mind what the former President is saying here, if we fail to act or if we take an ambiguous third route. What he means by "ambiguous third route" is that Saddam Hussein comes out and puts some type of condition on inspections or tries to come up with some type of alternative other than in-

spection that would allow him to hide the weapons or would allow him to develop the weapons, without intrusion by the rest of the world or if we take some ambiguous third route, which gives him yet more opportunities to develop his program of weapons of mass destruction, and continue to press for the release of the sanctions and continue to ignore the solemn commitments that he made. Solemn commitments that he, Saddam Hussein, made and I am going to go through those commitments with my colleagues. Well, he, speaking about Saddam Hussein, will conclude that the international community has lost its will.

He will then conclude, here in the red, he will then conclude that he can go right on and do more to rebuild an arsenal of devastating destruction.

Let us take a look. As my colleagues remember, Iraq is the country that invaded, without cause, without cause, without retribution, invaded a smaller country, the country of Kuwait in the early 1990s. In the process of that invasion, they caused massive, massive human fatalities. They killed thousands and thousands, tens of thousands of Kuwaitis, men, women and children. They killed without discrimination.

It was only because of the United States of America and the coalition that it built with its European partners, and their partners throughout the world which also included, frankly, some cooperation from Russia and cooperation from China on the U.N. Security Council and so on. The rest of the world decided through a coalition led by the United States that they would not allow this to stand, that Saddam Hussein would not be allowed to ravage and savagely go into a small country, devastate its population, destroy its economy and occupy its lands. So we did Desert Storm. We led the fight.

We bent back and we liberated Kuwait. Iraq, by the way, their famous Right Guard or whatever, their fighting force, their supreme fighting force, they ran. This huge powerful war machine of Iraq collapsed within days to the fire power and to the strength of the United States of America and to the world coalition that followed.

Iraq made certain promises. Specifically, Iraq through Saddam Hussein, he made them, he made commitments to the United Nations. He made commitments to the rest of the world, and he promised to live with those commitments as long as his country existed. He has broken the commitments that he made, and the commitments that he made he broke 16 times, at least 16 times.

He kicked out the inspectors and then he went out and solicited by saying that his people were starving to death. By the way, he diverted money, instead of going to the people, his people, he put the money into his palaces. He has 14 massive palaces, like 14 Pepsi centers. That is how big these palaces are. They are great big stadium-types

of homes. He put the money into that and the military, and he allowed his people to starve, and he tried to put a guilt feeling, a guilt complex on the rest of the world, saying that he picked on me and how soon some of the world forgot how savagely he killed those people in Kuwait, as savagely as Hitler killed people in his invasions.

Do not make any mistake about it. This man is crazy. Crazy is almost a complimentary word. He is a sick, destructive killer. He killed in Kuwait. He even attempted to assassinate our President, George Bush, Senior, our former President, George Bush, Senior. He went and gased his own people and some of the Kurds. He gased entire villages, and there is no doubt about that. There is no question. He admitted to it. He took some pride in it.

The United Nations came up with some resolutions; and they said we will stop the invasion of Iraq, the coalition invasion of Iraq if you comply. Will you comply? And Saddam Hussein says, yes, I will comply. He signed the documents. He swore to the documents, and over the last 9 years, he swore to the documents. Year after year he swore to the documents. Year after year he swore to the documents. Year after year he swore to the documents. Year after year he said I do not have weapons of mass destruction; bring in the inspectors. Time after time after time after time he blocked the inspections in his country.

We can actually realize a great victory. President Bush, despite the diplomatic pressure that has been put against him by some in the world, despite some of the pressure, and unfortunately by some of our Democratic leadership within this Congress, despite the pressure that his approach was the wrong approach, he has at least cornered Saddam Hussein; and thanks to President Bush, Saddam Hussein, at least at this point, has come back and said he will allow inspections, unconditional inspections in his country. That was not Saddam Hussein's position when President Clinton was there, and I am not trying to be partisan. I am just telling my colleagues this is a position of noninspection that he has been locked in for some time.

President Bush has forced Saddam to play his hand, and his hand right now is to allow inspections; and the President and the administration and this Congress ought to take him up on that offer, and we ought to send inspectors in there by the plane-load, and we ought to inspect everything. We ought to look at every palace. We ought to look in every closet. We ought to look under every street. We ought to look at their nuclear facilities, their power plants; and when we find weapons, we should demand that they be disarmed, and if they are not disarmed, the coalition should go in there and disarm them. This man has a history of lying and deception. Let me give my colleagues an example.

U.N. Security Resolution 678, Iraq must comply with the resolution in regards to the illegal invasion of Kuwait. They broke it.

U.N. Resolution 688, Iraq must release prisoners detained during the civil war. They broke it. Same, 688, Iraq must return Kuwaiti property seized during the Gulf War. They did not do it.

U.N. Resolution 687, April 3, 1991, Iraq must not use, develop, construct or acquire any weapons of mass destruction. They have. They have defied this, but they have acquired the weapons they are not supposed to acquire. Iraq must not commit or support terrorism or allow terrorist organizations to operate in Iraq. They allow terrorist organizations in Iraq; and by the way, these are the kind of organizations that we are speaking about in Iraq.

Take a look at this poster. If this does not give my colleagues a sobering moment, I do not know what will. Follow me to the left by looking at the poster: "We are emerging stronger and will hit America's shopping malls, stadiums and kindergartens. This is our promise." The al Qaeda. This quote is from last week. This quote to my left, look at that, kindergartens. They fully intend to kill every man, woman and child in America they can get their hands on. Iraq is not supposed to have anything to do with these kind of organizations; but they do, in violation of the U.N. resolutions.

U.N. Resolution 707, Iraq must cease attempts to conceal and move weapons of mass destruction and related materials. They broke it. Iraq must make a full and final and complete disclosure of its weapons of mass destruction. They broke that commitment.

U.N. Resolution 715, October 1991, Iraq must fully cooperate with the United Nations and the inspectors. They broke it.

U.N. Resolution 949, October 15, 1994, Iraq must not utilize its military and other forces in a hostile manner. They fire at the United States and British and coalition aircraft every day of the week we are in the air. They broke it.

□ 2030

Iraq must fully cooperate with the inspectors. They broke it.

U.N. Resolution 1051, Iraq must fully cooperate with the U.N. and allow immediate, unconditional, unrestricted access. They broke it.

U.N. Resolution 1060, they must cooperate with the weapons inspectors and allow requested access. They broke it.

U.N. Resolution 1115, June 21, they must give further requirements in regards to inspections. They broke that one.

U.N. Resolution 1134, they must give unrestricted access, another access issue. They broke that.

U.N. Resolution 1137 condemns the continued violations of Iraq of previous resolutions, reaffirms their responsibility, reaffirms the responsibility of

Iraq to carry out their commitments. They broke it.

They broke 1194, 1204, 1205, and 1284. Resolution after resolution after resolution after resolution, the Iraqi leadership has lied, been deceitful, and broken resolutions one after another.

In fact, I am not sure there is one United Nations resolution out there where Iraq has kept its word, that relates to their invasion of Kuwait or access to their weapons of mass destruction, or that relates to their helping train terrorists.

My congratulations to President Bush. President Bush and his team, Mr. Powell, Mr. Rumsfeld and Ms. Rice, have forced Saddam to at least say he will allow inspections again. And for his own good health, I think it would be beneficial for him this time, instead of lying about it, that he follow through with exactly what he was supposed to do for the last 10 years, and that is to allow full, complete inspections of the facilities anywhere in his country those inspectors intend to visit.

This President has done something that no other government in the world has been able to do with Iraq. In a period of 2 or 3 months, by directly making it clear that Iraq will not continue to flagrantly violate the conditions of the United Nations agreements that they agreed to and they knew about and we agreed to and we knew about, this President has drawn the line in the sand.

Guess what got results? We only get results out of countries like Iraq by forcing it. We have got to use a force play. There is no negotiating with this guy. There is no loving and hugging and telling him let us have some soft talk, some warm, fuzzy discussions, and promise us that you are going to comply and not poison your people any more, not kill innocent men, women and children any more, and have some type of freedom in your country, have some kind of respect for rights of women in your country.

The only way to get it is to force it, and this President has forced. This is just the opening stage, the first step in bringing Iraq back in with the world community, in bringing Iraq back in line with what we hope would be a contribution to peace in this world.

President Bush is exactly where he needs to be. He is right on track. He has, without the firing of a single shot, forced the world's madman to open his country to inspections.

Now, if this madman fails to do that, I think President Bush will successfully put a coalition through United Nations resolution to fire a shot if necessary to force Iraq to come back in with the world community and to stop building weapons of mass destruction, weapons that would make September 11 look small in proportion to the type of devastation that they could do.

President Bush, since September 11, has found a more focused purpose and has exercised good leadership. I have to

tell Members, our colleagues on the other side of the aisle and the Democrat leadership have stalled. They have criticized the President. Look at what has happened in the last few days. The President is accomplishing what we want to accomplish. So in a bipartisan effort, we should pass a resolution in this House supporting the President. We should pass a resolution supporting the President in a way that he continues down the path that he is headed, and that is a path that so far just in the past couple of weeks, his strong movements, his very directed comments as to what was going to happen and his directed action, has forced Iraq to play their first hand. They threw down their hand, and they are allowing inspections.

It may not work, but you better not mess around with this country and with the U.N. coalition. This country, under the direction of President Bush, is not going through this exercise in futility. President Bush does not consider this an exercise. He considers this, and this Nation considers this, and the United Nations Security Council should consider this and do consider it, a very serious matter which will be followed through with.

We intend to follow through and disarm Iraq from weapons of mass destruction. We will accomplish that goal, and we will accomplish that goal under the leadership of President Bush. To this point we have done pretty well so far. It is just the beginning. But so far the President has had tremendous success.

Mr. Speaker, I urge the Democratic leadership, I am begging the Democratic leadership, put aside your partisanship and your objections on the Sunday talk shows and help our President help our effort here. Just in the opening stage, we are going to be able to get inspectors into Iraq. If the going gets tough, stick with us. It is time.

I have to say, Members, a lot of Democrats not in leadership are supporting this and are supporting the President. But the leadership needs to quit playing politics and come on board with us. This matter is much too serious for partisanship. I invite them on the team. The President has done a good job so far, and so has his team.

PRESCRIPTION DRUG BENEFIT FOR SENIORS

The SPEAKER pro tempore (Mr. SHUSTER). Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, this evening, and it is certainly not the first time, I am coming to the floor to talk about the need for a prescription drug benefit under Medicare, and also to deal with the rising costs for prescription drugs. I think this Congress has an obligation before we adjourn in another month or so to address both

issues because the bottom line is that not only more senior, more Americans are facing rising prescription drug costs, and I think it is primarily due to the fact that the brand name drug industry is trying to control prices in a way to make sure they receive maximum profits and influence the United States Congress both in terms of political contributions, influence the public with TV ads, all of which make it very difficult to address the issue and the need for a Medicare prescription drug benefit and some sort of effort to control prices or at least bring prices down because of the impact that it is having on our health care system.

Mr. Speaker, I do not need to tell any American about the rising cost of prescription drugs. As the cost goes up, more and more Americans are not able to afford their medicine. That has an impact because, as we know, certainly in the last 20 years, certainly in the last generation, prescription drug medications have become a preventive measure. In other words, if you are able to take certain prescription drugs, you do not need to be hospitalized or go to a nursing home or have some sort of radical medical procedures. Prescription drugs essentially are a form of prevention, a more serious interference in terms of medical care.

I just think that it is very unfortunate that we do not address the problem of rising cost and what it means for the average American, particularly for the average senior.

I wanted to start out this evening by giving some information about the level of price increases. This is an analysis that was done by Families U.S.A. just a couple of months ago in June of this year. It says that the prices of the 50 most prescribed drugs rose on average by nearly 3 times the rate of inflation last year.

The study analyzed price increases for the 50 most commonly prescribed drugs for seniors for the last year, and that is January 2001 through January 2002, and then for the past 5 years and before that the last 10 years. The report found that nearly three-quarters, 36 out of 50, of these drugs rose at least 1.5 times the rate of inflation, while one-third, 8 out of 50, rose 3 more times the rate of inflation.

The drugs that experienced the largest price increases were the following, and I am not going to get into all of the details, but it gives some incredible examples. Demadex and Premarin rose nearly 7 times the rate of inflation. Plavix rose more than 6 times the rate of inflation. Zestril, Lipitor, and Combivent rose more than 5 times the rate of inflation.

The interesting thing about it is that if we compare price increases of generic versions of these same brand name drugs, and this is what the report did, the report showed that the brand name drugs rose 4.5 times faster than the rate of price increases for generic drugs, 8.1 percent versus 1.8 percent, and 10 of the 50 most prescribed drugs

for seniors are generic, and the average annual price for those drugs was \$375. Nine of these 10 drugs did not increase in price at all.

The point that that makes, and I think it is particularly important in light of the Democrats making a push in the next few days to try to get a bill brought up in committee that seeks to encourage more generic drugs, is that the brand name drug prices were increasing rapidly, whereas generic drugs were not.

When we talk about generic drugs, a lot of people are familiar with generics and understand what it means, but a lot of people are not. What we have found repeatedly is that if we can bring a generic drug to market, in other words, if the patent for the brand name drug expires and you can have a number of companies selling a generic drug in lieu of the patent drug, that will significantly bring down costs. Generics are one way of bringing down costs, and that also needs to be addressed by this Congress.

What are the Republicans and the Democrats doing about this problem? We know we have a problem of price increases with prescription drugs. We know that Medicare right now does not include any kind of prescription drug benefit unless you happen to be in an HMO, and many of the HMOs have dropped seniors in the last couple of years.

So what is the Congress doing about it? Well, the Democrats have really come up with a very simple solution. The Democrats have proposed basically expanding Medicare to provide a prescription drug benefit. Those Members who are familiar with Medicare know that under part B of Medicare, which takes care of the doctors' bills, basically what seniors do, and 99 percent of the seniors do this when they participate in Medicare, they pay a monthly premium, so much a month. It is usually \$45-50 a month, and they pay a deductible of \$100 for their first doctor bill. But after that, 80 percent of the doctors' bills are paid for by the Federal Government under Medicare, and they pay 20 percent up to a certain amount when the government pays 100 percent.

The Democrats proposed and we have legislation that would accomplish the same goal and do it in the same way, provide a prescription drug benefit under Medicare that was guaranteed, that was universal, that all seniors and everyone eligible for Medicare would take advantage of, and essentially you would pay \$25 a month premium, you would have a deductible of \$100, and after that 80 percent of your prescription drug costs would be paid for by Medicare by the Federal Government. There would be a 20 percent copay.

□ 2045

And after someone had shelled out \$2,500 out of pocket, if that were the case in paying the 20 percent, then all of their prescription drug bills would

be paid for 100 percent, modeled after what we do now for doctor bills.

It makes sense. It is very simple. Medicare has been a very successful program. Given that more and more seniors do not have access or have problems paying for prescription drugs, this would seem to be a logical solution. It is certainly logical, certainly reasonable; but the problem is that the Republican leadership in the House, because they are so much in the pockets of the brand-name drug companies, would not even consider something like that. When the Democrats tried to bring it up as a substitute to the Republican bill, they ruled it out of order. They would not let it come up.

What have the Republicans proposed instead of a simple expansion of Medicare to include prescription drugs? They have talked about the need for privatization. In the same way that President Bush has talked for privatizing Medicare as a whole, the Republican leadership in the House has moved a bill and passed a bill, because they have the majority, they have the votes, to simply provide private health insurance or try to encourage seniors to seek out private health insurance that would cover their prescription drugs, basically give seniors a certain amount of money like a voucher so that they could go shop around and see if they could find a private insurance plan that would pay for prescription drugs.

I would venture to suggest to my colleagues that this is the most absurd idea; and the reason I say that is because if the private sector was able to effectively provide prescription drug benefits in the same way that people thought that maybe the private sector would be able to provide for health insurance for seniors in general, then we would not need a government program.

The reason that we have Medicare in general to pay for hospital bills, to pay for doctor bills, is because when seniors prior to Medicare, 30, 40 years ago, tried to go out to buy private health insurance to pay for their medical bills, they could not find it because they were too high risk. They were using too much health care. They could not find a health insurance policy that would provide the coverage. And so that is why we started Medicare as a government program. Not because we were socialists and wanted a government program; but because, practically speaking, seniors could not find health insurance, they could not buy it. It was not available.

So now why would we want to do the same thing, why would we want to suggest to seniors that they go out and try to buy health insurance privately that just covers prescription drugs? That is even less likely to be available because most seniors use prescription drugs and anybody who knows the way insurance operates, the private sector knows, that private insurance companies only want to provide insurance to low-risk individuals. They do not want to pro-

vide insurance where everybody who is covered by the policy is going to take advantage of the benefit and need the prescription drugs, because they cannot make any money if they sell insurance that provides that kind of a benefit. So the Republican proposal is essentially absurd from the get-go because it will never work, because if there was private insurance available, seniors would just go out and buy it and they cannot buy it because it is not available.

I would venture to say to my colleagues that what is really going on here is that the Republicans are doing the bidding of the brand-name drug companies. The brand-name drug companies do not want a Medicare benefit, and they do not want anything that would interfere in the rising price and cost and profits that they make from selling prescription drugs. Even if it means selling it to fewer and fewer people, they are making more and more of a profit.

In case anyone doubts what I say, I just wanted to point out very briefly this evening, and I have done this before, some of the things that are going on with the brand-name drug companies to accomplish their goal of preventing a real prescription drug benefit that would be meaningful to seniors. On the day when the Republican bill that I talked about, the privatization bill, was brought up and considered in the Committee on Energy and Commerce, which has jurisdiction over prescription drugs and that I am a member of, there was a fundraiser for the Republican National Committee the same night; and because the drug companies were so involved in the fundraiser for the Republican National Committee, the committee actually broke at 5 o'clock and carried over its business to the next day because all the Republicans had to go to this fundraiser where they would get money from the prescription drug industry.

This is an article from *The Washington Post* on that day in June, and the headline says: "Drug Firms Among Big Donors at GOP Event."

"Pharmaceutical companies are among 21 donors paying \$250,000 each for red-carpet treatment at tonight's GOP fundraising gala starring President Bush, two days after Republicans unveiled a prescription drug plan the industry is backing, according to GOP officials.

"Drug companies, in particular, have made a rich investment at tonight's event." It goes on to describe all the money that they were giving, but the article further on says that "every company giving money to the event has business before Congress. But the juxtaposition of the prescription drug debate on Capitol Hill and drug companies helping underwrite a major fundraiser highlights the tight relationship lawmakers have with groups seeking to influence the work before them.

"A senior House GOP leadership aide said yesterday that Republicans are

working hard behind the scenes on behalf of PhRMA," that is the pharmaceutical company trade group, "to make sure that the party's prescription drug plan for the elderly suits drug companies."

What was going on here was that the big drug companies were not only giving to the Republican campaign coffers, they were writing the bill. They wanted to make sure that the bill that was written by the Republicans that came out of committee and came to the floor was a bill that suited them and suited them because either it would not work because it was the privatization proposal that does not work or at least would guarantee that there was no effort to reduce or have any influence over prices. And if anyone doubts that, I will read a little section from the Republican prescription drug bill that is entitled "Noninterference."

Basically what it says is that the administrator of their program, of their prescription drug program, could not in any way try to reduce prices. I will just read you some sections. This is the actual bill.

It says that "the administrator of the program may not require a particular formulary or institute a price structure for the reimbursement of covered outpatient care; two, interfere in any way with negotiations between PDP sponsors and Medicare+Choice organizations and drug manufacturers, wholesalers or other suppliers of covered outpatient drugs; and, three, and this is most important, otherwise interfere with the competitive nature of providing such coverage through such sponsors and organizations."

So what they did with this noninterference clause in their bill, and I know it is a little bureaucratic there, but the bottom line is it says that you cannot interfere in anything that would deal with pricing, with price structure. Remember, I mentioned before that the Democratic bill expands Medicare to include a prescription drug benefit. It does not operate with the private sector. It simply expands Medicare to include a prescription drug benefit. We do the opposite with regard to the cost issue. In the Democratic bill we say that the Secretary of Health and Human Services must, is mandated, to negotiate and reduce prices, because the idea now is that there are going to be 30 or 40 million seniors in the Medicare program who now have this prescription drug benefit; and if the Secretary of Health and Human Services negotiates for them, he can bring down prices maybe 30, 40 percent because he now has the power to negotiate for all these 30, 40 million senior citizens.

This is what happens now with the VA. The Veterans' Administration does this. They negotiate for the veterans in order to bring down prices. The military does this, the Army, Navy. They all negotiate on behalf of the military personnel to bring down prices so they get a really good price for their prescription drugs. That is what the Democrats do in their bill.

The Republicans say, You cannot do that. We do not want you to do that. Not only did the drug companies give all this money to the Republicans, not only did they write the bill to make sure that they were protected in the sense that there would be no effort to reduce price, but also they started running ads almost immediately after the Republican bill passed the House of Representatives touting the fact that certain Republicans who were running in tough races this November to be re-elected, that those Republicans had voted for the Republican bill and how wonderful they were and how wonderful they were to their senior constituents because they voted for this bill. Amazingly, if you think about it, you give money to prevent the good bill from coming up, you make sure that your bill is the one that is written, and then you go out on the airwaves and you pay for advertisers who tell the American public that the person who voted for this pharmaceutical boondoggle is doing the right thing and in some way is some sort of a hero. But this is exactly what was done.

There is a report that I have, and this was actually done by Public Citizen, another nonprofit group. They pointed out in the report issued in July of this year that United Seniors Association, which is the group that is running these ads telling you how wonderful the Congressmen are that voted for the Republican bill, is basically nothing but a front group for the drug industry. Drug companies gave that organization that runs these ads and pretends to be sort of neutral \$10 million initially to push the drug bill favored by the industry.

In fact, the information I have, which is really new information, this week, says that not only has this alleged senior group that is being underwritten or financed by PhRMA, by the drug companies, not only did they start running the ads in June or July after the Republican bill passed here, but they have continued to run ads and now as of, I guess this is dated yesterday, September 16, which I am going to read you now, they are just pumping even more money into these ads. This is a "Daily Health Report" from the Kaiser Network, the Henry J. Kaiser Family Foundation, Kaiser Network. It says that the Pharmaceutical Research and Manufacturers Association, that is PhRMA, the drug companies' trade group, has contributed millions of dollars in recent months for political ads in several States with tight congressional races.

For example, the industry group has provided the United Seniors Association, which runs the ads, with more than \$8 million for ads promoting about two dozen House candidates who support the House-passed GOP drug bill which includes the prescription drug benefit. The commercials began running last week in about 20 regions where Republicans face tough races this fall. The ads are tailored to each

race, stating that the candidate understands the need to assist seniors with health care costs and supports adding meaningful drug coverage for all seniors. The ads end by encouraging viewers to call their respective Congressman and urge him to keep fighting for his bill. The association's campaign, which also includes Internet and direct mailing efforts, is supported by a general education grant from PhRMA.

In addition, another group, the 60 Plus Association, has been running radio and newspaper advertising in selected States backing the GOP-backed drug bill. The National Journal reports that both groups are helping Republican candidates and drug companies by promoting industry-backed legislation.

I do not want to keep going on, but the other thing that we found is that not only are the drug companies financing these ads telling people to support candidates that support their bill but now they are also putting pressure on companies to not support an alternative bill which the Democrats are pushing in particular this week that would make it easier for generics to come to market. This is from the same report, from the Kaiser Network.

It says that in other prescription drug news, pressure from the pharmaceutical industry has forced several companies to drop their support of a Senate-passed bill, S. 812, that would ease market entry of generic drugs, according to a Washington Post editorial from yesterday.

Earlier this month, Georgia-Pacific and Verizon Communications left or reduced their roles in Business for Affordable Medicine, a coalition lobbying for easier access to generic drugs, after brand-name drug makers threatened to end contracts with the companies. Georgia-Pacific asked to not be listed on the coalition's Web site after receiving pressure from Eli Lilly, and Verizon left the coalition recently after being pressed by Wyeth. Since then, Marriott International quit the coalition and UPS has asked to be removed from the Web site. "Given that all these companies stand to benefit from lower drug prices, it's a fair guess that drug company pressure had something to do with their decisions," The Washington Post stated, concluding that it is a "worrying sign" that the "eminently reasonable reform" passed by the Senate "faces tough sledding in the House, whose Members now have to choose between affordable medicines and placating the drug lobby."

Let me explain a little bit what this generic drug bill is that the Democrats are pushing now, again in an effort to try to reduce costs. What basically has been happening is that brand-name companies get a patent for a particular drug, a prescription drug when they develop it, when they do the research and they develop it. They are able to seek a patent and gain a patent where they have so many years where they exclusively can sell the drug because they

produced it, or they researched and developed it. The reason that that patent is given is because it is basically incentive for a company or an individual to develop a new miracle drug.

But after so many years when this exclusivity runs out, the theory is that the drug companies benefited greatly and made a lot of profit on the drug, then generic companies, basically any company can come in and produce a similar generic drug which obviously is sold for significantly less and is one way of trying to reduce costs for prescription drugs.

□ 2100

But the problem is that over the years the brand name drug companies have tried to come up with all kinds of ways of getting around the end of their patent, by renewing it, or playing some kind of games or gimmicks, if you will, to try to get the patent extended or get a new patent that is similar to the old one so you cannot bring generics to market.

I do not want to get into all the details of this, but I want to give one example. Under current law, when a generic drug seeks FDA approval and a brand company's drug is patented, the brand company can sue the generic for patent infringement. But under the current law, which is called Hatch-Waxman, it forbids the FDA from approving the generic application for 30 months.

Basically what they are saying is if the patent has expired and a generic wants to come in and produce the same drug, but the company that has the patent feels that somehow the patent is going to be infringed, the FDA basically gives a stay for 30 months, if you will, before the generic can come to market. What the brand companies have done is they have used this provision by dragging out lawsuits and by obtaining a series of 30-month delays through the last-minute filing of new and sometimes frivolous patents.

I do not want to get into all the details of this, but the bottom line is they can keep running the period when the patent is exclusive, essentially, and force the situation where the generic drug does not come to market. There are all kinds of examples like this.

Some of my colleagues, on a bipartisan basis, the gentleman from Ohio (Mr. BROWN), a Democrat, and the gentlewoman from Missouri (Mrs. EMERSON), a Republican, introduced a bill called the Prescription Drug Fair Competition Act, H.R. 5272, that seeks to basically get rid of a lot of these loopholes so that the generics can easily come to market and these patent abuses cannot continue.

This bill actually passed in the Senate, I am sorry, Mr. Speaker, by the other body, but so far our efforts, primarily by the Democrats, to bring this bill up in this House and have it passed here so it can go to the President and be signed into law have achieved nothing. The Republican leadership refuses

to have a hearing in committee, refuses to allow a vote to bring it out of committee, refuses to let it come to the floor of the House.

Now, this is only one way of trying to reduce costs, but a very effective way. Essentially what we have been seeing in the House under the Republican leadership is that every effort that has been made, either by the Democrats or on a bipartisan basis as this generic bill was, to try to come up with formulas that would reduce costs, the Republican leadership just will not allow it to come up.

As I mentioned before, in their own benefit bill, their prescription drug benefit bill, the privatization bill, they have this non-interference clause that says you cannot negotiate price reduction. The Democrats mandate in their bill that prices are reduced. The Democrats in the other body, they actually passed a bill that would plug up these generic loopholes. The Republicans in the House refused to bring it up.

There are many other examples. We have bills that would allow reimportation from Canada. As I think many of my colleagues know, if you compare the United States and the price of drugs in the United States to almost every other developed country, you take like the top 5 or 6 countries by gross national product, Britain, France, or even smaller countries like Canada or Italy, whatever, Western Europe, other developed countries, you will find that prescription drug prices are significantly less, sometimes 30 or 40 percent of the cost of what you would pay in the United States. So one of my colleagues, the gentleman from Maine (Mr. ALLEN), proposed a bill that said that the cost that companies charge for prescription drugs in the United States has to be comparable to what citizens in these other countries pay.

Well, of course, we cannot get that bill posted by the Republicans. They will not allow that to be posted.

We have also tried to, as I said, pass a bill that would allow you to reimport a drug. In other words, you could apply to a drugstore in Canada, for example, over the Internet, or even physically go to Canada and bring the drugs back into the United States. Legislation has been introduced by my colleague, the gentleman from Vermont (Mr. SANDERS), that would allow reimportation from Canada. Republicans will not let that bill come up. That has not come to the floor.

The list goes on and on. Probably one of the worst examples is that right now, when the brand name drug companies advertise for certain drugs on TV and encourage you to use a brand name as opposed to a generic for a particular drug, the advertising costs are actually underwritten by the taxpayers. They get a tax credit or deduction for that kind of advertising. That actually encourages you as the consumer to pay higher prices for the brand name drug.

So all of these things, we have legislation on the Democratic side that

would eliminate the tax subsidy or the deduction or the tax credit for that kind of advertising by the pharmaceutical companies. We cannot bring that up either. They will not allow it.

The Republican leadership does not want us in any way to address the issue of cost and trying to reduce costs for prescription drugs, because basically the drug industry is behind the Republican efforts, paying for the Republican candidates, and they are basically in the pockets of the brand name drug industry.

I do not mention this because I am trying to be evil or trying to say that all Republicans are bad or anything of that nature, but the problem is that the leadership very much does whatever the brand name drug industry wants, and that is the main reason why we are not able to get any kind of effort to reduce prices, and it is another reason why we are not able to get any kind of expansion of Medicare to include prescription drugs.

Mr. Speaker, I just would like to take a little more time, and then I am going to conclude this evening, to talk about the benefit.

My constituents in New Jersey over the last 2 or 3 years since the Medicare+Choice, the HMO programs effectively tried to sign up a lot of seniors under Medicare on the theory that if you signed up for an HMO you would get your prescription drug coverage, because Medicare does not normally cover it, but some of the HMOs that were offering Medicare policies in New Jersey were offering a prescription drug plan as part of their HMO Medicare policy.

But what we found is that more and more of the HMOs after 6 months or a year would pull out of the Medicare program and would not give seniors the option, if you will, of joining an HMO and getting their prescription drug benefits.

There was an article just last week in the New York Times dated September 10 entitled "HMOs for 200,000 Pulling Out of Medicare" by Robert Pear. It says, "Health maintenance organizations serving 200,000 elderly and disabled people said they will pull out of Medicare next year, raising to 2.4 million the number of beneficiaries that have been dropped by HMOs since 1998."

Again, if you talk about a privatization plan for prescription drugs, we already have the example with HMOs which were offering prescription drugs to seniors and increasingly have dropped them because they cannot afford to provide the benefit. It seems to me that that goes far to explain why a privatization program for seniors to provide seniors with a prescription drug will not work, and that is why you have to simply expand Medicare along the lines of what the Democrats have talked about in order to provide a decent benefit.

Mr. Speaker, I will conclude with that, but I want to say that I am going

to be here many times, many nights, over the next 3, 4, 5 weeks before we adjourn, and I know I am going to be joined by a lot of my colleagues on the Democratic side, saying that before we adjourn we need a Medicare prescription drug benefit that covers all seniors and everyone under Medicare and that is affordable, and, secondly, that we need to address the issue of price and rising costs for prescription drugs, pass the generic bill, provide some kind of reimportation, provide some sort of process whereby the agency that administers the Medicare program can negotiate cheaper drug prices. All these things have to be done.

If any of my colleagues on either side of the aisle doubt that this is an important issue for the average American, whether they are a senior or not, they just should spend a couple of days at a forum or talking to their constituents on the street, and they will find that they are crying out for this Congress to address this prescription drug issue in an effective way.

ENSURING FREEDOM OF SPEECH IN AMERICA

The SPEAKER pro tempore (Mr. SHUSTER). Under the Speaker's announced policy of January 3, 2001, the gentleman from North Carolina (Mr. JONES) is recognized for 60 minutes.

Mr. JONES of North Carolina. Mr. Speaker, I can assure you and the staff that I will not take that much time. That might be the best news I can give.

Mr. Speaker, I am pleased to have a few minutes of this hour to talk about an issue that I think, as my friend from New Jersey feels that the issue he is talking about, prescription drugs, is important, and I would agree it is important, but I want to talk about freedom of speech.

I think that there is nothing except the Bible that is more sacred to the American people than the Constitution. It is second only, again, to the Bible.

Tonight I want to talk a little bit about H.R. 2357. This is a bill that I introduced about 2 years ago. I actually have 130 sponsors, and I believe you, Mr. Speaker tonight in the Chair, are a cosponsor of this also.

In this country we have our men and women in uniform that right now are overseas in Afghanistan, and they could be called on to be in other parts of the world to defend the national security of this country, and the national security of this country includes our constitutional rights and our freedoms, the things that we cherish. We really appreciate those who have given their life for this country in the past and what they have done to ensure that we would have the freedoms that we enjoy in this great, great Nation, blessed by God Almighty.

I would like to give a little bit of the history of this bill that I put in. If this was 1953, Mr. Speaker, I would not even be on the floor, because there would be

no issue. In 1953, the churches, synagogues and other houses of worship had no restriction on what they might say in their church. But in 1954, Lyndon Baines Johnson, the United States Senator from Texas and the majority leader, was very offended that there was a 501(c)3 group that was opposed to his reelection by the name of the H.L. Hunt family. These were not churches. These were think tanks, as we know them today, and they were opposed to his reelection.

So what Lyndon Johnson did, he put an amendment on a revenue bill going through the Senate in 1954 that was never debated. There was no debate at all. The Republican minority accepted what they call a UC, a unanimous consent, so therefore it became the law. It gave the authority to the Internal Revenue Service that the Internal Revenue service would be able to, if you will, evaluate what could and could not be said in a church, synagogue or mosque.

Mr. Speaker, I am of the firm belief that those men who came to this country along with their wives years and years and years ago came to this country for religious freedom. They came here to build a new nation, a nation that would be and still is blessed by God Almighty.

Mr. Speaker, my problem is, and the reason I introduced H.R. 2357, that I believe that spiritual leaders of this country must have the freedom to talk about the issues of the day, whether they be about political issues of the day or whether they be about the moral issues of the day, and sometimes those sermons in those churches have to touch on the political issues of the day.

I will give an example of that, because it happened in my district. A very dear friend of mine who happens to be a Catholic down in New Bern, North Carolina, whose name is Jerry Shield, Jerry asked his priest, Father Rudy at St. Paul's Catholic Church in New Bern, in the year 2000 to just make one little comment the Sunday before the Tuesday election. He said, "Father, how about just saying that George Bush, who is a candidate for President of the United States, is pro-life?"

Believe this or not, Mr. Speaker, the priest said, "Jerry, I cannot say that. If I do, I will violate the 501(c)3 status of this church and we might lose that status."

Mr. Speaker, I am going to tell you that I am offended that any clergy in this country, our spiritual leaders that talk about morality, that talk about the political issues of the day as they see fit to talk about those issues, that they should have any restriction at all on them.

What I wanted to do tonight, I was on the floor last week and I talked about a few of the national leaders who are supportive. Again I want to say we have 130 cosponsors of this bill. I am pleased to tell you that in the last couple of weeks we have picked up three additional Democrats. I want to pick up more.

I am reaching out to my friends on both sides of the aisle to ask them to please look at this as nothing more. It is not a political issue, it is not a party issue, it is just an issue of freedom of speech, because, again, I cannot say it too much, that if this was 1953, I would not be on the floor.

□ 2115

There was no restriction. I have researched this issue and when the churches qualified by the law to become 501(c) status, there is no, no restriction of what they could or could not say.

I want tonight to again just mention a few of the spiritual leaders of this country who support this legislation. Richard Land, the Southern Baptist Convention; James Dobson, we all know is the president of Focus on the Family; David Barton, director of the Wallbuilders. He has been such a strong supporter of this legislation. James Martin, president of the 60 Plus Association; Tim and Beverly LaHaye, the Concerned Women for America; Kent Synder, executive director for the Liberty Principle; Connie Mackey; William Murray, the chairman of the Religious Freedom Coalition; David Keene, chairman of the American Conservative Union; D. James Kennedy, President of Coral Ridge Ministries; and Ray Flynn, Mr. Speaker, the former ambassador to the Vatican is a strong supporter of this legislation, H.R. 2357, to return the freedom of speech to our churches and synagogues. In addition, Rabbi Daniel Lapin, and I have had the pleasure of talking to him twice now. What a wonderful man of God he is and he is a real inspiration to all of us who love God, there is no question about it. And James Bopp, the constitutional lawyer for the James Madison Center for Free Speech.

Mr. Speaker, in addition to that, I am very pleased to tell my colleagues tonight that a former Member of the United States House of Representatives, a man that was here my first session in the United States Congress, I had great respect for. I did not really get to know him, I wish I had. But he was a real leader on the Democratic side. His name is Floyd Flake. Dr. Flake is a minister, a former Member of Congress, and he is the pastor of the Greater Allen Cathedral in New York; and he wrote a very strong letter of support for this legislation.

Mr. Speaker, in addition to that, they held a hearing on this issue on May 14, and I am very pleased to tell my colleagues that Dr. D. James Kennedy came up from Florida to testify on behalf of this legislation. In addition, I am pleased to tell my colleagues that another former Member of the House, a Democrat, Walter Fauntroy, Pastor Walter Fauntroy came to testify on behalf of this legislation. Let me read the last paragraph of Dr. Flake's letter.

It says: "I am pleased to offer my wholehearted support with sincere

prayer for passage of this important and liberating legislation." That is the key: liberating legislation. Our men and women of faith who are spiritual leaders should have every right they choose to talk about the issues of the day. I know that when Al Gore was running for the Presidency in the year 2000, he was in Dr. Flake's church and after Mr. Gore spoke, the minister said, Dr. Flake said, "I think this is the right man to lead this Nation." Well, then he got a letter of reprimand from the IRS. Well, Mr. Speaker, if that is what Dr. Flake felt and wanted to say that to his congregation, there should not have been any Federal Government overseeing what he said in that church.

Then I gave the example earlier of my friend, Jerry Shield, down in New Bern to ask the priest just to say that George Bush is pro-life, let us support George Bush. These are the things that if this was 1953, they would be able to do it without any reservation at all. But Lyndon Johnson, who was an arrogant Member of the Senate at the time, and later became a President that I do not have much respect for his Presidency, quite frankly; but anyway, he put in an amendment without any debate, as I said earlier, that pretty much stifled the churches and synagogues of this country. They did hold a hearing on this legislation, and I want to thank the gentleman from New York (Mr. HOUGHTON), the chairman of the committee, for holding that hearing, because what it did, it gave us a chance to talk about this issue.

I want to read just a couple of comments, Mr. Speaker, because they had two representatives of the IRS to come talk about their authority given again by Lyndon Johnson to stifle the speech of the churches and synagogues in this country. I am not going to read all of the testimony, but I am going to read just a couple of minutes for the RECORD, if I could. Let me use for an example that one of the comments was of the gentleman from Georgia (Mr. LEWIS), who asked Mr. Miller, who represents the Internal Revenue Service at the hearing, and Mr. LEWIS said, "As a rule," again, to the IRS, "do you monitor the activities of churches during the political season?" The IRS representative, Mr. Miller says, "We do monitor churches. We are limited in how we do that by reason of section 7611 and because of the lack of information in the area, because there is no annual filing."

But, Mr. Speaker, this is the point I want to make. He additionally said, "So our monitoring is mostly receipt of information from third parties who are looking."

Well, I think that is a sad commentary on this great Nation that we have to have our churches and synagogues having a third party to look in to see what they are saying, because then that third party, if they believe they have violated the Johnson amendment, can report them to the Internal Revenue Service. Mr. Speaker, that is

not what this great Nation is about. That is not what these great men and women in uniform are willing to give their life for. They are willing to give their life for the national security of this country and the freedom of this Nation. But that is what Mr. Miller said: we are dependent on a third party to report the church for violating the Johnson amendment for speaking freely on the political and moral issues of the day.

Then there is another question that Mr. LEWIS asked and I want to read this for the RECORD: "Do you have the ability or the capacity as an agency to monitor the activities of churches and other religious institutions?" Mr. Miller with the Internal Revenue Service says, "The only thing we can rely upon again is who would be in that audience to report it."

Mr. Speaker, I think that is so tragic. We have a law in the land of this country that restricts freedom of speech in our churches and synagogues, and we have to depend on a third party to be there to report that to the Internal Revenue Service. That again is not what should be in this country. The spiritual leaders of this great Nation should have the right to choose whatever they feel that they must say from their heart and their God to their members who are in that congregation. But again, Mr. Miller has been very honest on the committee on May 14, and he acknowledged we are dependent on a third party to report churches and synagogues who might violate the law of the land. Well, my point there is that how in the world, with all of the churches and synagogues and mosques in this country, can we enforce this law? The law is unjustified, it is unneeded, and should never have been adopted. It was done in 1954 at night without any debate. We should pass H.R. 2357 and return the freedom of speech to our churches and synagogues.

Just one more point on this, Mr. Speaker, and then I am going to work toward a close. Let me read this letter, and this is what really bothers me more than anything. This might better explain to the Congress what we are trying to say. The gentleman from Illinois (Mr. WELLER) was also on that committee that I mentioned that the gentleman from Georgia (Mr. LEWIS) served on, the oversight committee chaired by the gentleman from New York (Mr. HOUGHTON). The gentleman from Illinois (Mr. WELLER) asked this question: "So just to follow up on that, say you have a candidate who is a guest speaker, was in a church speaking from the pulpit, concludes his or her remarks, and the minister walks up, puts his hands or arms around the particular candidate and says, this is the right candidate; I urge you to support this candidate. Is that allowable under current law?" That is the gentleman from Illinois (Mr. WELLER) to Mr. Hopkins, who represents the Internal Revenue Service, and he says, "No, that would not be allowable under law.

That would clearly be political campaign activity. It would be protected, however, under the two bills that are specifically the subject of this hearing," a bill introduced by the gentleman from Illinois (Mr. CRANE) and myself, Congressman JONES, H.R. 2357.

Mr. Speaker, I came to this floor last week, and I am going to come a couple times this week and a couple of times next week, because I hope that the leadership of the House will bring this to the floor of the Congress to vote on. I believe sincerely that if this country is going to have a great future, and we are a Nation who cannot forget that this Nation has been blessed by God; if we are going to have a strong Nation, then our preachers, our priests, and our rabbis must have a right to talk about the issues of the day. And sometimes those moral issues of the day become political issues. I think that our ministers must have the right to talk about those issues of the day if this country is going to remain morally strong.

Let me start closing by reading a letter; it will not take but just a couple of minutes. This is a minister who is an African American minister down in Raleigh, North Carolina, and I know him, I have talked to him by phone; and I have a great deal of respect for him. He is a strong man of God. I had read an article in a Raleigh paper; all the liberal press, Mr. Speaker, they just cannot understand this legislation. The liberals just cannot understand it. I guess they forget that they are protected by the Constitution and so should the ministers and priests and rabbis, as far as I am concerned.

Let me read this. It is from Marian B. Robinson, minister of the St. Matthew AME Church in Raleigh, North Carolina, and it will not take but a moment.

"Dear Congressman Jones: I read with interest an article printed in Raleigh News and Observer as it pertained to H.R. 2157, the Houses of Worship Political Speech Protection Act. Thank you for introducing a bill that will give free speech to houses of worship on issues of moral and political significance without the fear of losing their tax exempt status. If the churches cannot do it, then who can?"

Second paragraph: "Secondly, the black church has always been a platform and forum to get the message out to our people since we have no other institution or places to go or turn to. The church continues to be the mouthpiece for informing and directing our people on most things. Part of our job consists of trying to keep families strong and together by instilling morals and values and the teachings of Christ. We need freedom of speech from the pulpits without fear of reprisals. This will help us carry out our tasks in a manner pleasing to God and meaningful to the people."

Mr. Speaker, the reason I wanted to read that letter is because this support is across the board. It is from people of

faith, whether they be African American, whether they be Muslim, whether they be Catholic, Jew, or Protestant. They support this legislation because they fully understand, as I understand, that the strength of this country is the fact that our spiritual leaders have the freedom to talk about these issues.

I must say that as Pastor Robinson asked me in this letter of support, Mr. Speaker, if they are not going to have the right to talk about these issues, then who is going to talk about them? What I say to the liberal press is, I do not have much respect for the liberal press. When it suits their needs, they support it; when it does not suit their needs, then they do not support it. But I will tell my colleagues that I never saw in 1953, and I have had my staff to do a lot of research, I never saw any editorial or any news article that took the churches to task for what they might have said of a political nature in 1953. None.

So, Mr. Speaker, tonight as I close, I do want to mention this. The IRS also has what they call code words. They do not just have to say to the minister that just because you say that you want to support myself, Congressman JONES, or as the minister mentioned earlier, another candidate, that that would be a violation. That would be a violation was the answer to the gentleman from Illinois (Mr. WELLER). But this is what I want to start closing with tonight, Mr. Speaker, is that they print a publication that is called "Election Year Issues," and they give an example of code words, C-O-D-E, code words. And these code words can, if used, can bring the IRS into looking into that church's activity.

Let me just give an example of code words: liberal, pro-life, pro-choice, anti-choice, Republican, Democrat, and there are others.

□ 2130

These are code words that the IRS can use if they think that there is a violation. They do not mention the candidate; but they might mention a code word, and the IRS can come in and threaten a church.

Mr. Speaker, tonight as I close, and again, I am like many Members of Congress on both sides of this aisle, I have great faith in God. This is the greatest Nation in the world because we are a Nation that understands that we are blessed by God almighty.

I just think and I hope that in the next couple of weeks that the leadership will give the Congress a chance to debate this issue, to vote on this legislation; and I hope the majority of the Members of this House will vote to pass this legislation.

Again, I close by reminding the House that in 1953, and up to 1953, there were no restrictions on the churches and synagogues in this country. So let us return the freedom of speech to the spiritual leaders of this country so that they can do their job for our God.

Mr. Speaker, I close this way because I have three military bases in my district: Cherry Point Marine Air Station,

Camp Lejeune Marine Base, and Seymour Johnson Air Force Base. Every time I speak, and I spoke Monday night at the Christian Coalition banquet down in my district, and I was pleased to say that the Republican candidate for the United States Senate, Elizabeth Dole, was there and did a fantastic job of giving her testimony, I close this way, and I have ever since September 11.

I first ask God to please bless our men and women in uniform, I ask God to please bless the families of our men and women in uniform, and I ask God to please bless the President of the United States as he leads this Nation. I ask God to please bless the men and women who serve in the House and Senate.

I ask God, and I say it three times, please God, please God, please God, continue to bless America.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MASCARA (at the request of Mr. GEPHARDT) for today on account of personal reasons.

Mr. GEORGE MILLER of California (at the request of Mr. GEPHARDT) for today and the balance of the week on account of illness.

Mrs. MINK of Hawaii (at the request of Mr. GEPHARDT) for today and the balance of the week on account of illness.

Mrs. ROUKEMA (at the request of Mr. ARMEY) for today and the balance of the week on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. TAYLOR of Mississippi) to revise and extend their remarks and include extraneous material:)

Mr. GEORGE MILLER of California, for 5 minutes, today.

Ms. NORTON, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Mr. FILNER, for 5 minutes, today.

Mr. PHELPS, for 5 minutes, today.

Mr. TAYLOR of Mississippi, for 5 minutes, today.

Mr. STENHOLM, for 5 minutes, today.

Mr. BOYD, for 5 minutes, today.

Mr. BROWN of Ohio, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. DAVIS of Illinois, for 5 minutes, today.

BILLS PRESENTED TO THE PRESIDENT

Jeff Trandahl, Clerk of the House reports that on September 12, 2002 he pre-

sented to the President of the United States, for his approval, the following bills.

H.R. 3287. To redesignate the facility of the United States Postal Service located at 900 Brentwood Road, NE, in Washington, D.C., as the "Joseph Curseen, Jr. and Thomas Morris, Jr. Processing and Distribution Center".

H.R. 3917. To authorize a national memorial to commemorate the passengers and crew of Flight 93 who, on September, 11, 2001, courageously gave their lives thereby thwarting a planned attack on our Nation's Capital, and for other purposes.

H.R. 5207. To designate the facility of the United States Postal Service located at 6101 West Old Shakopee Road in Bloomington, Minnesota, as the "Thomas E. Burnett, Jr. Post Office Building".

ADJOURNMENT

Mr. JONES of North Carolina. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 32 minutes p.m.), the House adjourned until tomorrow, Wednesday, September 18, 2002, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

9175. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Thiophanate-methyl; Pesticide Tolerances for Emergency Exemptions [OPP-2002-0226; FRL-7196-5] received September 12, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

9176. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Objections to Tolerances Established for Certain Pesticide Chemicals; Additional Extension of Comment Period [OPP-2002-0057; FRL-7275-3] received September 12, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

9177. A communication from the President of the United States, transmitting his requests for FY 2003 budget amendments for the Departments of Agriculture, Energy, Interior, and Transportation; International Assistance Programs; and the National Capital Planning Commission; (H. Doc. No. 107—262); to the Committee on Appropriations and ordered to be printed.

9178. A letter from the Comptroller, Department of Defense, transmitting a report of a violation of the Antideficiency Act by the Department of the Army, Case Number 99-06, pursuant to 31 U.S.C. 1351; to the Committee on Appropriations.

9179. A letter from the Comptroller, Department of Defense, transmitting a report of a violation of the Antideficiency Act by the Department of the Army, Case Number 00-02, pursuant to 31 U.S.C. 1351; to the Committee on Appropriations.

9180. A letter from the Comptroller, Department of Defense, transmitting a report of a violation of the Antideficiency Act by the Department of the Navy, Case Number 99-06, pursuant to 31 U.S.C. 1351; to the Committee on Appropriations.

9181. A letter from the Comptroller, Department of Defense, transmitting a report

of a violation of the Antideficiency Act by the Department of the Navy, Case Number 98-04, pursuant to 31 U.S.C. 1351; to the Committee on Appropriations.

9182. A letter from the Deputy Secretary, Department of Defense, transmitting the report to Congress for Department of Defense purchases from foreign entities in fiscal year 2001, pursuant to Public Law 104—201, section 827 (110 Stat. 2611); to the Committee on Armed Services.

9183. A letter from the Assistant Secretary, Department of Defense, transmitting the Department's report on the Summary of amounts for Cooperative Threat Reduction (CTR) Programs in the Former Soviet Union; to the Committee on Armed Services.

9184. A letter from the Vice President, Export-Import Bank of the United States, transmitting a report involving U.S. exports to China, pursuant to 12 U.S.C. 635(b)(3)(i); to the Committee on Financial Services.

9185. A letter from the Deputy Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Confirmation Requirements for Transactions of Security Futures Products Effected in Future Accounts [Release No. 34-46471; File No. S7-19-02] (RIN: 3235-A150) received September 11, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

9186. A letter from the Deputy Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Applicability of CFTC and SEC Customer Protection, Recordkeeping, Reporting, and Bankruptcy Rules and the Securities Investor Protection Act of 1970 to Accounts Holding Security Futures Products [Release No. 34-46473; File No. S7-17-01] (RIN: 3235-A132) received September 11, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

9187. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Revisions to the California State Implementation Plan, El Dorado County Air Pollution Control District [CA 270-0366a; FRL-7272-4] received September 12, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

9188. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Revisions to the California State Implementation Plan, South Coast Air Quality Management District [CA247-0361 FRL-7272-6] received September 12, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

9189. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Revisions to the California State Implementation Plan, South Coast Air Quality Management District [CA 0264-0365; FRL-7266-2] received September 12, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

9190. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Revisions to Clarify the Scope of Sufficiency Monitoring Requirements for Federal and State Operating Permits Programs [FRL-7374-6] received September 12, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

9191. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — National Emission Standards for Hazardous Air Pollutants for Pesticide Active Ingredient Production [FRL-7375-9] (RIN: 2060-AJ34) received September 12, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

9192. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval of the Clean Air Act, Section 112(1), Authority for Hazardous Air Pollutants: Perchloroethylene Air Emission Standards for Dry Cleaning Facilities: Commonwealth of Massachusetts Department of Environmental Protection [FRL-7271-1] received September 12, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

9193. A letter from the Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans North Carolina: Approval of Miscellaneous Revisions to The Mecklenburg County Local Implementation Plan [NC 98-200237a; FRL-7377-8] received September 12, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

9194. A letter from the Acting Assistant Secretary for Legislative Affairs, Department of State, transmitting a copy of the Presidential Determination on Waiver of Restrictions on Assistance to Russia under the Cooperative Threat Reduction Act of 1993 and Title V of the FREEDOM Support Act, pursuant to 22 U.S.C. 5952; to the Committee on International Relations.

9195. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting the Department's 2001 report on U.S. Representation in UN agencies and efforts made to employ U.S. citizens, pursuant to 22 U.S.C. 276c—4; to the Committee on International Relations.

9196. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a Report for 2001 on International Atomic Energy Agency Activities in Countries Described in Section 307 (a) of the Foreign Assistance Act; to the Committee on International Relations.

9197. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting a Memorandum of Justification for a Drawdown under section 506(a)(1) of the Foreign Assistance Act of 1961, as amended to support the Philippines; to the Committee on International Relations.

9198. A letter from the Assistant Secretary for Fish and Wildlife and Parks, Department of the Interior, transmitting the Department's "Major" finalrule — Migratory Bird Hunting; Final Frameworks for Late-Season Migratory Bird Hunting Regulations (RIN: 1018-AI30) received September 17, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

9199. A letter from the Acting Assistant Secretary for Fish and Wildlife and Parks, Department of the Interior, transmitting the Department's "Major" final rule — Migratory Bird Hunting; Late Seasons and Bag Possession Limits for Certain Migratory Game Birds (RIN: 1018-AI30) received September 17, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

9200. A letter from the Acting Assistant Secretary for Fish and Wildlife and Parks, Department of the Interior, transmitting the Department's "Major" final rule — Regulations on Certain Federal Indian Reservations and Ceded Lands for the 2002-03 Late Season (RIN: 1018-AI30) received September 17, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

9201. A letter from the Secretary, Department of Health and Human Services, transmitting the Department's report entitled, "Prospective Payment System for Inpatient Services in Psychiatric Hospitals and Exempt Units"; to the Committee on Ways and Means.

9202. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting

the Service's final rule — Revision of Rev. Proc. 88-10 (Rev. Proc. 2002-48, 2002-38) received September 3, 2002, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

9203. A letter from the Acting Assistant Secretary for Legislative Affairs, Department of State, transmitting a copy of the Memorandum of Justification under Section 610 of the Foreign Assistance Act of 1961 regarding determination to transfer FY 2002 funds appropriated for International Organizations and Programs (IO&P) to the Child Survival and Health Programs Funds, pursuant to 22 U.S.C. 5952 nt; jointly to the Committees on International Relations and Appropriations.

9204. A letter from the Board Members, Railroad Retirement Board, transmitting the Board's budget request for fiscal year 2004, pursuant to 45 U.S.C. 231f(f); jointly to the Committees on Appropriations, Transportation and Infrastructure, and Ways and Means.

9205. A letter from the Board Members, Railroad Retirement Board, transmitting the budget request for the Office of Inspector General, Railroad Retirement Board, for fiscal year 2004, pursuant to 45 U.S.C. 231f(f); jointly to the Committees on Appropriations, Ways and Means, and Transportation and Infrastructure.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. OXLEY: Committee on Financial Services. H.R. 3995. A bill to amend and extend certain laws relating to housing and community opportunity, and for other purposes; with an amendment (Rept. 107-640 Pt. 2). Referred to the Committee of the Whole House on the State of the Union.

Mr. SENSENBRENNER: Committee on the Judiciary. H.R. 4864. A bill to combat terrorism and defend the Nation against terrorist acts, and for other purposes; with an amendment (Rept. 107-658). Referred to the Committee of the Whole House on the State of the Union.

Mr. SENSENBRENNER: Committee on the Judiciary. S. 2690. An act to reaffirm the reference to one Nation under God in the Pledge of Allegiance; with an amendment (Rept. 107-659). Referred to the House Calendar.

Mr. HASTINGS of Washington: Committee on Rules. House Resolution 527. Resolution providing for consideration of the resolution (H. Res. 524) expressing the sense of the House that Congress should complete action on the Permanent Death Tax Repeal Act of 2002, and for consideration of the resolution (H. Res. 525) expressing the sense of the House of Representatives that the 107th Congress should complete action on and present to the President, before September 30, 2002, legislation extending and strengthening the successful 1996 welfare reforms (Rept. 107-660). Referred to the House Calendar.

Mr. LINDER: Committee on Rules. House Resolution 528. Resolution providing for consideration of the bill (H.R. 1701) to amend the Consumer Credit Protection Act to assure meaningful disclosures of the terms of rental-purchase agreements, including disclosures of all costs to consumers under such agreements, to provide certain substantive rights to consumers under such agreements, and for other purposes (Rept. 107-661). Referred to the House Calendar.

COMMITTEE DISCHARGE AND TIME LIMITATION PURSUANT TO RULE XII

Pursuant to clause 2 of rule XII the following action was taken by the Speaker:

[The following action occurred on September 13, 2002]

H.R. 5259. The Committee on the Budget discharged. Referral to the Committees on Ways and Means, Rules, and Government Reform extended for a period ending not later than October 4, 2002.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. CRANE:

H.R. 5385. A bill to amend the Harmonized Tariff Schedule of the United States to modify temporarily certain rates of duty, to make other technical amendments to the trade laws, and for other purposes; to the Committee on Ways and Means.

By Mr. ANDREWS:

H.R. 5386. A bill to prohibit the discharge of a firearm within 1,000 feet of any Federal land or facility; to the Committee on the Judiciary.

By Mr. CONYERS (for himself, Mr. FRANK, Mr. BERMAN, Ms. JACKSON-LEE of Texas, Mr. MEEHAN, Mr. DELAHUNT, Mr. KUCINICH, Mr. BLUMENAUER, Mr. DAVIS of Illinois, Mr. EVANS, and Ms. SCHAKOWSKY):

H.R. 5387. A bill to make needed reforms in the Federal Bureau of Investigation, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. JOHNSON of Illinois:

H.R. 5388. A bill to authorize the disinterment from the Luxembourg American Cemetery and Memorial in Luxembourg of the remains of Private Ray A. Morgan of Paris, Illinois, who died in combat in January 1945 in the Battle of the Bulge, and to authorize the transfer of his remains to the custody of his next of kin; to the Committee on Veterans' Affairs.

By Mr. LAMPSON (for himself and Mr. FOLEY):

H.R. 5389. A bill to amend title 18, United States Code, to provide forensic and investigative support of missing and exploited children; to the Committee on the Judiciary.

By Mr. MORAN of Kansas:

H.R. 5390. A bill to amend the Farm Security and Rural Investment Act of 2002 to clarify the rates applicable to marketing assistance loans and loan deficiency payments for certain oilseeds; to the Committee on Agriculture.

By Mrs. MORELLA (for herself, Mr. EHRLICH, Mr. GILCHREST, and Ms. NORTON):

H.R. 5391. A bill to provide for the establishment of the National Institutes of Health Police, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SMITH of New Jersey (for himself and Mr. EVANS):

H.R. 5392. A bill to amend title 38, United States Code, to enable the Department of

Veterans Affairs to recover costs of medical care from third parties in the same manner as if the health care system of the Department were a preferred provider organization; to the Committee on Veterans' Affairs.

By Mr. STUPAK:

H.R. 5393. A bill to extend the time period prior to the need for workers for the filing of applications for temporary labor certification in the processing of alien labor certification applications; to the Committee on the Judiciary.

By Mr. WEINER (for himself, Mr. CONYERS, and Mrs. MALONEY of New York):

H.R. 5394. A bill to assess the extent of the backlog in DNA analysis of rape kit samples, and to improve investigation and prosecution of sexual assault cases with DNA evidence; to the Committee on the Judiciary.

By Mr. ETHERIDGE:

H. Con. Res. 469. Concurrent resolution authorizing the Rotunda of the Capitol to be used on September 19, 2002, for a ceremony to present the Congressional Gold Medal to General Henry H. Shelton (USA, Ret.); to the Committee on House Administration, considered and agreed to.

By Mr. ROGERS of Michigan:

H. Con. Res. 470. Concurrent resolution supporting the goals and ideals of College Savings Month; to the Committee on Government Reform.

By Mr. NUSSLE (for himself, Mr.

BROWN of South Carolina, Mr. BONILLA, Mr. SCHAFER, Mr. BALLENGER, Mr. WATTS of Oklahoma, Mrs. BONO, Mr. TOM DAVIS of Virginia, Mr. BARR of Georgia, Mr. LATOURETTE, Mr. JENKINS, Mr. HAYES, Mr. DAN MILLER of Florida, Mr. AKIN, Mr. GEKAS, Mr. ISSA, Mr. BOOZMAN, Mr. SHADEGG, Mr. HOBSON, Mr. SHIMKUS, Mr. KERNS, Mr. FOSSELLA, Mr. SCHROCK, Mr. ROYCE, Mr. FRELINGHUYSEN, Mr. ENGLISH, Mr. CHAMBLISS, Mr. TERRY, Mr. RYAN of Wisconsin, Mr. HASTINGS of Washington, Mr. BOEHLERT, Mr. THUNE, Ms. HART, Mr. UPTON, Mr. BRADY of Texas, Mr. BURTON of Indiana, Mr. KENNEDY of Minnesota, Mr. SOUDER, Mr. GRAVES, Mr. LATHAM, Mr. HASTERT, Mr. SHAW, Mr. PITTS, Mr. GIBBONS, Mr. FORBES, Mr. JEFF MILLER of Florida, Mr. PUTNAM, Mr. KINGSTON, Mr. HAYWORTH, Mr. TAUZIN, Mr. CAMP, Ms. PRYCE of Ohio, Mr. FLETCHER, Mr. MCINNIS, Mr. SIMMONS, Mrs. BIGGERT, Ms. DUNN, Mr. EVERETT, Mr. ROGERS of Michigan, Mr. OTTER, Mr. CUNNINGHAM, Mr. CANTOR, Mr. BOEHNER, Mrs. NORTHUP, Mr. WATKINS, Mr. BAKER, Mr. VITTER, Mr. FOLEY, Mr. SUNUNU, Mr. ROGERS of Kentucky, Mr. PENCE, Mr. DUNCAN, Mrs. ROUKEMA, Mr. SESSIONS, Mrs. CUBIN, Mrs. WILSON of New Mexico, Mr. DIAZ-BALART, Mr. NORWOOD, Mr. GRUCCI, Mr. GUTKNECHT, and Mr. WOLF):

H. Res. 524. A resolution expressing the sense of the House that Congress should complete action on the Permanent Death Tax Repeal Act of 2002; to the Committee on Ways and Means.

By Mrs. NORTHUP (for herself, Mrs. JOHNSON of Connecticut, Mr. HASTERT, Mr. SHAW, Mr. PITTS, Mr. GIBBONS, Mr. FORBES, Mr. JEFF MILLER of Florida, Mr. PUTNAM, Mr. KINGSTON, Ms. PRYCE of Ohio, Mr. FLETCHER, Mr. HAYWORTH, Mr. TAUZIN, Mr. MCINNIS, Mr. CAMP, Mr. KENNEDY of Minnesota, Mr. ENGLISH, Mrs. BIGGERT, Mr. PENCE, Mr. DUNCAN, Mrs. ROUKEMA, Mr. BOEHNER, Mr. SESSIONS, Ms. DUNN, Mr. ROGERS

of Michigan, Mr. CUNNINGHAM, Mr. CANTOR, Mr. MCKEON, Mrs. CUBIN, Mrs. WILSON of New Mexico, Mr. NORWOOD, Mr. GRUCCI, Mr. WATKINS, Mr. GUTKNECHT, Mr. WOLF, Mr. GREENWOOD, Mr. BAKER, Mr. VITTER, Mr. FOLEY, Mr. BALLENGER, Mr. WATTS of Oklahoma, Mr. BROWN of South Carolina, Mr. BONILLA, Mrs. BONO, Mr. LATOURETTE, Mr. TOM DAVIS of Virginia, Mr. BARR of Georgia, Mr. DAN MILLER of Florida, Mr. AKIN, Mr. JENKINS, Mr. HOBSON, Mr. BOOZMAN, Mr. SHADEGG, Mr. GEKAS, Mr. ISSA, Mr. EVERETT, Mr. SCHROCK, Mr. PETRI, Mr. FRELINGHUYSEN, Mr. ROYCE, Mr. SHIMKUS, Mr. CHAMBLISS, Mr. RYAN of Wisconsin, Mr. HASTINGS of Washington, Mr. TERRY, Mr. THUNE, Mr. UPTON, Ms. HART, Mr. BRADY of Texas, Mr. BURTON of Indiana, Mr. SOUDER, Mr. LEWIS of Kentucky, Mr. SHAYS, Mr. HAYES, Mr. GRAVES, Mr. WILSON of South Carolina, Mr. DELAY, and Mr. REYNOLDS):

H. Res. 525. A resolution expressing the sense of the House of Representatives that the 107th Congress should complete action on and present to the President, before September 30, 2002, legislation extending and strengthening the successful 1996 welfare reforms; to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce, Education and the Workforce, Agriculture, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SMITH of New Jersey:

H. Res. 526. A resolution providing for the concurrence by the House with an amendment in the amendments of the Senate to H.R. 3253; considered and agreed to.

By Mr. OBERSTAR:

H. Res. 529. A resolution congratulating Martin Strel of the Republic of Slovenia for his historic athletic achievement as the first person to swim the length of the Mississippi River; to the Committee on International Relations.

By Mr. OSE (for himself, Ms. LEE, Mr. POMBO, Mrs. TAUSCHER, Mr. MATSUI, Mr. STARK, Mrs. NAPOLITANO, Mr. HERGER, Mr. SHERMAN, Mr. THOMPSON of California, Mr. THOMAS, Mr. CALVERT, and Mr. RADANOVICH):

H. Res. 530. A resolution congratulating the players, management, staff, and fans of the Oakland Athletics organization for setting the Major League Baseball record for the longest winning streak by an American League baseball team; to the Committee on Government Reform.

By Mr. ROHRBACHER (for himself and Mr. FRANK):

H. Res. 531. A resolution amending the Rules of the House of Representatives to permit Members to characterize action in the Senate in the same manner that they may characterize action in the House; to the Committee on Rules.

By Ms. WATERS:

H. Res. 532. A resolution commending the Los Angeles Sparks basketball team for winning the 2002 Women's National Basketball Association championship; to the Committee on Government Reform.

MEMORIALS

Under clause 3 of rule XII,

362. The SPEAKER presented a memorial of the General Assembly of the State of North Carolina, relative to House Resolution No. 1780 memorializing the United States Congress and the President to enact legislation to establish a federal/state partnership

to use local county veterans service officers to assist the United States Department of Veterans Affairs in eliminating the veterans claims processing backlog; to the Committee on Veterans' Affairs.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 122: Mr. PUTNAM.
H.R. 257: Mr. WOLF and Mr. HEFLEY.
H.R. 267: Ms. WOOLSEY, Mr. KIND, Ms. HOOLEY of Oregon, Mr. JEFFERSON, and Mr. CRAMER.
H.R. 285: Mr. HONDA.
H.R. 397: Mr. GRUCCI.
H.R. 415: Mr. EVANS.
H.R. 438: Mr. TAYLOR of Mississippi.
H.R. 638: Mr. PAYNE.
H.R. 792: Ms. NORTON and Mr. EVANS.
H.R. 848: Mr. MANZULLO.
H.R. 854: Mr. RANGEL, Mr. SERRANO, and Mrs. MALONEY of New York.
H.R. 914: Ms. DUNN.
H.R. 959: Mr. POMBO.
H.R. 1111: Mr. CLEMENT.
H.R. 1182: Mr. TIERNEY.
H.R. 1295: Mr. EVANS.
H.R. 1309: Mr. RAMSTAD and Mr. GRUCCI.
H.R. 1310: Ms. WOOLSEY.
H.R. 1368: Mr. SHAYS and Mr. SESSIONS.
H.R. 1525: Mr. SCHIFF.
H.R. 1786: Mr. KLECZKA and Mr. SANDLIN.
H.R. 1911: Mr. STUPAK.
H.R. 1918: Mr. BECERRA.
H.R. 1957: Mrs. JO ANN DAVIS of Virginia.
H.R. 2037: Mr. TIBERI and Mr. LARSEN of Washington.
H.R. 2098: Mr. CLEMENT and Ms. BERKLEY.
H.R. 2144: Mr. WU.
H.R. 2161: Mr. SPRATT.
H.R. 2220: Mr. TURNER and Ms. SANCHEZ.
H.R. 2290: Mr. GONZALEZ.
H.R. 2582: Mr. ANDREWS.
H.R. 2638: Mr. MCHUGH, Mr. ROYCE, Ms. HOOLEY of Oregon, and Mr. MANZULLO.
H.R. 2874: Mr. THOMPSON of California and Mr. NEAL of Massachusetts.
H.R. 3062: Mr. COX.
H.R. 3110: Mr. ENGEL.
H.R. 3278: Mr. YOUNG of Alaska.
H.R. 3320: Mr. HOUGHTON.
H.R. 3388: Mrs. MCCARTHY of New York.
H.R. 3414: Mr. MASCARA, Mr. POMEROY, and Mr. SCOTT.

H.R. 3422: Ms. SLAUGHTER.
H.R. 3612: Mr. EVANS.
H.R. 3624: Mr. NORWOOD.
H.R. 3741: Mr. PLATTS.
H.R. 3831: Mr. ACEVEDO-VILA.
H.R. 3992: Mr. LOBIONDO.
H.R. 3995: Mr. GOODLATTE, Mr. BERRY, Mr. HONDA, Mr. PLATTS, and Mr. MCINTYRE.
H.R. 4011: Mr. STRICKLAND.
H.R. 4032: Mr. HINCHEY.
H.R. 4483: Mr. GRAHAM.
H.R. 4524: Mr. CLAY.

H.R. 4531: Mr. ABERCROMBIE, Mr. ACKERMAN, Mr. ARMEY, Mr. BACA, Ms. BALDWIN, Mr. BECERRA, Mr. BEREUTER, Ms. BERKLEY, Mr. BERMAN, Mrs. BIGGERT, Mr. BISHOP, Mr. BLAGOJEVICH, Mr. BLUMENAUER, Mrs. BONO, Mr. BOYD, Ms. BROWN of Florida, Mr. BROWN of Ohio, Mr. CAMP, Mrs. CAPPS, Ms. CARSON of Indiana, Mr. CARSON of Oklahoma, Mr. CLAY, Mrs. CLAYTON, Mr. CLEMENT, Mr. CLYBURN, Mr. CONDIT, Mr. CONYERS, Mr. COSTELLO, Mr. CRAMER, Mr. CROWLEY, Mrs. CUBIN, Mr. CUMMINGS, Mrs. DAVIS of California, Mr. DAVIS of Florida, Ms. DEGETTE, Ms. DELAURO, Mr. DEUTSCH, Mr. DINGELL, Mr. DOGGETT, Ms. DUNN, Mr. EDWARDS, Mr. ETHERIDGE, Mr. FARR of California, Mr. FATTAH, Mr. FRANK, Mr. FROST, Mr. GEPHARDT, Mr. GORDON, Mr. GREEN of Texas, Mr.

GUTKNECHT, Ms. HART, Mr. HASTINGS of Florida, Mr. HEFLEY, Mr. HILLIARD, Mr. HOLDEN, Ms. HOOLEY of Oregon, Mr. HOYER, Mr. HYDE, Mr. INSLEE, Mr. JEFFERSON, Ms. KAPTUR, Ms. KILPATRICK, Mr. LANTOS, Ms. LEE, Mr. LEWIS of Georgia, Mr. LEWIS of California, Mrs. MALONEY of New York, Mr. MATHESON, Mr. MATSUI, Ms. MCCARTHY of Missouri, Ms. MCCOLLUM, Mr. McDERMOTT, Ms. MCKINNEY, Mr. MEEKS of New York, Mr. GEORGE MILLER of California, Mrs. MINK of Hawaii, Mr. MOORE, Mrs. MORELLA, Mrs. NAPOLITANO, Mr. OLVER, Mr. OWENS, Mr. PASTOR, Mr. PAYNE, Ms. PELOSI, Mr. PETRI, Mr. PHELPS, Mr. RANGEL, Mr. REYES, Ms. RIVERS, Mr. ROGERS of Michigan, Mr. ROHRBACHER, Mr. ROYBAL-ALLARD, Mr. ROYCE, Mr. RUSH, Ms. SANCHEZ, Mr. SANDERS, Mr. SANDLIN, Ms. SCHAKOWSKY, Mr. SCOTT, Mr. SHERMAN, Ms. SLAUGHTER, Mr. SMITH of Washington, Mrs. TAUSCHER, Mr. THOMPSON of Mississippi, Mr. TOWNS, Mr. TURNER, Ms. VELAZQUEZ, Mr. WALDEN of Oregon, Ms. WATERS, Mr. WATT of North Carolina, Mr. WEINER, Mr. WELDON of Pennsylvania, Mr. WELLER, Mr. WEXLER, Mr. WILSON of South Carolina, Ms. WOOLSEY, Mr. WU, Mr. BALDACCIO, Mr. BONIOR, Mr. BORSKI, Mr. BOSWELL, Mr. BRADY of Pennsylvania, Mrs. CAPITO, Mrs. CHRISTENSEN, Mr. DAVIS of Illinois, Mr. DEFazio, Mrs. EMERSON, Ms. ESHOO, Mr. HALL of Texas, Mr. HINCHEY, Mr. HOEFFEL, Mr. HOLT, Mr. HONDA, Mr. ISSA, Ms. EDDIE BERNICE JOHNSON of Texas, Mrs. JONES of Ohio, Mr. JONES of North Carolina, Mr. PASCRELL, Mr. JACKSON of Illinois, Mr. FORD, Mrs. KELLY, Mr. KENNEDY of Rhode Island, Mr. KILDEE, Mr. KUCINICH, Mr. LARSON of Connecticut, Ms. JACKSON-LEE of Texas, Ms. ROS-LEHTINEN, Mr. LEVIN, Mr. LIPINSKI, Mr. LYNCH, Ms. MILLENDER-MCDONALD, Mr. MCGOVERN, Mr. McNULTY, Mrs. MEEK of Florida, Mr. MOLLOHAN, Mr. MORAN of Virginia, Ms. NORTON, Mr. OBERSTAR, Mr. PRICE of North Carolina, Mr. ROTHMAN, Mr. SCHIFF, Ms. SOLIS, Mr. STENHOLM, Mrs. THURMAN, Mr. WATTS of Oklahoma, Mr. WAXMAN, and Mr. WYNN.

H.R. 4574: Mr. EHRLICH.
H.R. 4600: Mr. FOSSELLA.
H.R. 4604: Mr. EVANS.
H.R. 4639: Mr. LANTOS.
H.R. 4646: Mr. BERMAN, Mr. SCOTT, Mr. CONDIT, and Mr. BECERRA.
H.R. 4704: Mr. LANGEVIN.
H.R. 4707: Mr. BLAGOJEVICH, Mr. HINCHEY, Mr. GUTIERREZ, and Mr. OLVER.
H.R. 4738: Mr. FRANK.
H.R. 4760: Mr. MICA.
H.R. 4790: Mr. LATOURETTE.
H.R. 4810: Mr. DOGGETT.

H.R. 4872: Mr. BALLENGER.
H.R. 4916: Mr. TOWNS, Mr. HINCHEY, and Mr. LYNCH.
H.R. 4939: Mr. BONIOR.
H.R. 4948: Ms. HARMAN and Ms. WATERS.
H.R. 4967: Ms. SCHAKOWSKY and Mr. BONIOR.
H.R. 5031: Mr. ROSS, Mr. FRELINGHUYSEN, Mr. SCHROCK, and Mr. REYES.
H.R. 5052: Mr. TURNER and Mr. GOODLATTE.
H.R. 5057: Mr. FRANK.
H.R. 5060: Mr. CLEMENT, Ms. HARMAN, Ms. BERKLEY, Mr. GUTIERREZ, Ms. SANCHEZ, Mr. PUTNAM, and Mr. PLATTS.
H.R. 5073: Mr. CROWLEY.
H.R. 5085: Mr. STRICKLAND and Mr. WALSH.
H.R. 5089: Mr. MCINTYRE.
H.R. 5113: Mr. REHBERG.
H.R. 5119: Mr. PUTNAM and Ms. DELAURO.
H.R. 5131: Mr. GREEN of Wisconsin.
H.R. 5196: Mr. PLATTS and Mr. SAXTON.
H.R. 5197: Mrs. CUBIN and Mr. TURNER.
H.R. 5213: Mr. PETRI, Ms. WATSON, Mr. FRANK, Mrs. MORELLA, Mr. GEORGE MILLER of California, and Mr. STARK.
H.R. 5250: Mr. SANDERS and Mr. NEAL of Massachusetts.
H.R. 5267: Mr. GILMAN, Mr. TOWNS and Mr. McDERMOTT.
H.R. 5268: Mr. KILDEE, Mr. WEXLER, Ms. WOOLSEY, Mr. PRICE of North Carolina, Mr. SWEENEY, Mr. UDALL of Colorado, Mr. NEAL of Massachusetts, Mr. BONIOR, Ms. DELAURO, Mr. GRUCCI, and Ms. LEE.
H.R. 5272: Mr. OLVER, Mr. ROSS, and Mr. WEXLER.
H.R. 5280: Mr. SHERWOOD, Mr. SHUSTER, and Mr. ENGLISH.
H.R. 5289: Mr. ENGLISH and Ms. SCHAKOWSKY.
H.R. 5293: Ms. SCHAKOWSKY, Mr. KLECZKA, Mr. LANTOS, Mr. DOOLEY of California, Mr. LEVIN, and Mr. OLVER.
H.R. 5294: Ms. SCHAKOWSKY.
H.R. 5311: Mr. BARTLETT of Maryland, Mrs. BONO, Mr. ROSS and Mr. LATOURETTE.
H.R. 5316: Mr. COOKSEY.
H.R. 5317: Mr. SIMMONS, Mrs. MORELLA, Mr. GUTIERREZ, Mr. PLATTS, Mr. GORDON, Mr. BAKER, Mr. ISAKSON, Mr. HYDE, and Mr. LATOURETTE.
H.R. 5322: Mr. SCHROCK, Mr. BALLENGER, Mr. ENGLISH, Mr. GOODLATTE, Mr. KINGSTON, and Mrs. CUBIN.
H.R. 5326: Mr. MASCARA, Mr. HALL of Texas, Mr. BARTON of Texas, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. INSLEE, Ms. SCHAKOWSKY, Mr. MCINTYRE, Mr. CANNON, Mr. KUCINICH, Mr. RILEY, Mr. WATKINS, and Ms. NORTON.
H.R. 5334: Ms. HART and Mr. WOLF.

H.R. 5344: Mr. WEXLER, Ms. ROYBAL-ALLARD, and Mr. NADLER.
H.R. 5346: Mr. SCOTT, Mr. KUCINICH, Mr. KANJORSKI, Mr. HOLT, Mr. HOLDEN, Ms. SANCHEZ, Mr. PASTOR, Mr. MCGOVERN, Mr. MASCARA, Mr. SERRANO, Mr. FARR of California, Mr. OLVER, Mr. PRICE of North Carolina, Mrs. JONES of Ohio, and Mr. HINCHEY.
H.R. 5348: Ms. NORTON and Ms. MILLENDER-MCDONALD.
H.R. 5358: Mr. BROWN of Ohio, Mr. BALDACCIO, Mr. RANGEL, Mr. KILDEE, Ms. DELAURO, and Mr. UDALL of Colorado.
H.R. 5359: Mr. SANDERS, Mr. SHOWS, Mr. BALLENGER, Ms. NORTON, Mr. HASTINGS of Florida, Mr. HOLDEN, Mr. RANGEL, Mr. MURTHA, and Ms. MILLENDER-MCDONALD.
H.R. 5378: Mr. FRANK.
H.R. 5383: Mr. THUNE and Mr. POMEROY.
H.J. Res. 93: Mr. PENCE and Mr. WAMP.
H.J. Res. 105: Mr. FRANK.
H.J. Res. 108: Mr. SOUDER, Mr. PHELPS, Mr. McNULTY, and Mr. ISAKSON.
H.J. Res. 109: Mr. PAYNE and Mr. BONIOR.
H. Con. Res. 164: Mr. SESSIONS.
H. Con. Res. 238: Mr. CROWLEY and Ms. SCHAKOWSKY.
H. Con. Res. 345: Mr. YOUNG of Florida.
H. Con. Res. 351: Mr. WEXLER, Ms. BERKLEY, Mr. INSLEE, and Mr. FROST.
H. Con. Res. 382: Mr. TIERNEY and Mr. SANDERS.
H. Con. Res. 406: Mr. ROGERS of Michigan.
H. Con. Res. 445: Mr. SHOWS, Mr. Forbes, Mr. WILSON of South Carolina, Mr. KERNS, Mr. GOODE, Mr. SHADEGG, Mr. FOLEY, Mr. GUTKNECHT, Mr. BOOZMAN, Mr. GRAHAM, Mr. PLATTS, Mr. RILEY, Mr. SHIMKUS, and Mr. TANCREDO.
H. Con. Res. 458: Mr. GOODLATTE, Mr. TOM DAVIS of Virginia, Mr. DREIER, and Mr. SHAYS.
H. Con. Res. 462: Mr. KILDEE, Mr. SANDERS, Mr. GEKAS, Mr. OTTER, Mr. MCINNIS, Mr. LAHOOD, and Mrs. CUBIN.
H. Con. Res. 468: Mr. FROST, Mr. NADLER, and Mr. LEWIS of Georgia.
H. Res. 190: Ms. SCHAKOWSKY.
H. Res. 253: Mr. TOWNS.
H. Res. 454: Mr. DOYLE.
H. Res. 484: Mr. PASTOR.
H. Res. 499: Mr. ACKERMAN, Mr. DEUTSCH, Ms. SCHAKOWSKY, and Mr. SCHIFF.
H. Res. 518: Mr. SKELTON and Mr. RILEY.
H. Res. 523: Mr. HOEKSTRA, Mr. EHRLICH, Mr. MCKEON, Mr. HOLT, Mr. ANDREWS, Mr. SCOTT, Mr. BOEHNER, Mr. GRAHAM, Mr. KILDEE, Mr. HINOJOSA, Mr. GEORGE MILLER of California, Mr. TIERNEY, Mr. WILSON of South Carolina, and Mr. RILEY.